



*Wildwood Manor Ranch*

RR#5 Georgetown, ON L7G 4S8

(905) 877-6852

# REGISTRATION FORM

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Email:** \_\_\_\_\_ to receive news, updates and special offers from us

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

Dates child is attending camp: From: \_\_\_\_\_ to: \_\_\_\_\_ \*Day Camp

I desire my child to participate in the full ranch program and all activities unless I advise you otherwise in writing. I agree that having such precautions as in your discretion are deemed advisable you shall not be held responsible for any accident or sickness to my child. If, for any reason, my child requires medical attention or special medication beyond that furnished by the camp, I agree to be responsible for any additional expenses incurred. To the best of my knowledge, my child is in good health and has not been exposed to any infectious disease in the past four weeks. If he or she becomes exposed to any infectious disease between now and the time of departure for Camp, I understand the Camp must be notified. In case of surgical emergency, and if we are not immediately available for consultation, I hereby give permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment, and to order injections, anaesthesia or surgery for my child, as named above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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