



JSANO 2017 Summer Camp Registration Form

Office at the Northern College

140 Gov't Rd E – Rm G108

Tel: (705) 567-9291 ext. 3634

Mailing Address: P.O. Box 190

Kirkland Lake ON P2N 3H7

jsanoarts@gmail.com

Week 1 AM: _____

PM: _____

Week 2 AM: _____

PM: _____

PAYMENT

Payment Method (please circle): Cash Cheque eTransfer Date paid: _____

***Financial aid information available upon request*

PERSONAL INFORMATION

Student's Name: _____ **Age:** _____

Parent/Guardian: _____

Address: _____ **Postal Code:** _____

Preferred telephone #: _____ **Alternate:** _____

As a reminder, we will be calling you the week before the camp. If you would prefer an email, please provide your email address: _____

EMERGENCY CONTACT

The emergency contact will be contacted in the event that the parent/guardian is unavailable

Name: _____ **Relationship to child:** _____

Preferred telephone #: _____ **Alternate:** _____

Health Conditions/ Behavioural Issues/Allergies/Medications/Information Pertinent to Instructors

Suggestion: The JSANO Board encourages parents to read the code of conduct and explain it to their children. We are available to answer any questions arising from this policy.

CONSENT

I am permitting _____ to attend JSANO classes.

I acknowledge that there is a risk of injury in any activity for which I am registering. I hereby accept the risk in participating in JSANO classes and hereby release JSANO from all claims of any kind that may arise.

Signature of Parent/Guardian

Date Signed

CONSENT OF PHOTOGRAPHY

I allow JSANO to take pictures/images of my child, as a participant of JSANO for promotional matters.

Signature of Parent/Guardian

Date Signed

Are you interested in becoming a board member? Please let us know by emailing us at jsanoarts@gmail.com