





Summer Camps 2024 Registration Form

Participant(s): Name:			Age:		
Name:			Age:		
Name:			Age:		
Name:			Age:		
Parent Name:					
Parent Contact #:					
Parent Email:					
Emergency Contact:					
Emergency Contact #:					
Allergies:					
Epipen Required?	Yes / No				
Please check	k the location/week you would	like to attend:			
	St. Paul Tween Mini Jul 16-17 (Tues/Wed)	Two Hills Tween Mini Jul 18-19 (Thurs/Fri)			
	St. Paul TEEN Jul 16-17 (Tues-Fri)	Two Hills TEEN Aug 13-16 (Tues-Fri)			
Is there any other info	ormation that you think we need	d to know? (ie: medical condition	s, alterna	ate pickup infor	mation,
	to use pictures, and/or first na	permission for St Paul Education's nmes, and/or quotes from myself Camp and other Together We're B	or my ch	ild for the purpo	
	or my child to attend the Sun Il Education's Together We're	nmer Teen Camp indicated abo e Better MHCB program	ove, fron	n 11:30-3:30 ea	ch day, as
Parent Signature:		Date:			

Please email completed form to belllily@sperd.ca at least 1 week before the indicated camp's start date.

Two Hills Camp forms can be picked up and dropped of at Two Hills FCSS - 4712 50st.