



Children Summer Day Camp

REGISTRATION & WAIVER

2022

Tuesday August 16th to Friday August 19th

8:30am – 3:30pm

SDHHS

#3- 511 1ST AVE. N.

SASKATOON, SK.

Text: 306-229-2010

Phone: 306-665-6575

Robyn@sdhhs.com

To CHILD'S NAME: _____ BIRTHDAY: _____

SCHOOL NAME: _____ AGE: _____

SPECIAL DIET NEEDED: _____

ALLERGIES: _____

MEDICAL CONDITION(S): _____

HEALTH CARD NUMBER: _____

DOCTOR'S NAME: _____ PHONE NUMBER: _____

PLEASE CHECK ALL THAT APPLY:

DEAF HARD OF HEARING COCHLEAR HEARING AIDS CODA

PARENT CONTACT INFORMATION

PARENT NAME: _____ PHONE NUMBER: _____

EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACT PERSON – in the event of an emergency, please provide an alternate person to contact

NAME: _____ PHONE NUMBER: _____

Registration cost for Children Summer Day Camp: \$30.00 for the whole week (August 16 – 19, 2022).

ACTIVITY WAIVER & PHOTO/VIDEO RELEASE

I am aware of any risk that may occur while travelling to and from SDHHS' Children Summer Day Camp and while participating in SDHHS' Children Summer Day Camp activities. I hold harmless and indemnify SDHHS from any liability for damage to personal property or personal injury while participating in this Children Summer Day Camp. By signing below, I waive any claims that I have or may have in the future against SDHHS and release SDHHS from any liability for loss, damage, expense or injury, including death that may occur.

I authorize SDHHS to use, reproduce, publish and caption photographs, or video sequences taken of my children or myself for the instructional or promotional activities of Saskatchewan Deaf & Hard of Hearing Services Inc.

By signing below, I grant permission for my child to participate in activities related to SDHHS' Children Summer Day Camp & agree to the above WAIVER & PHOTO/VIDEO RELEASE

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



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Please return this form to the Saskatoon SDHHS office before August 1st, 2022 before 3:00pm
Registration cost is \$30.00 for the 4 days (Tuesday August 16th to Friday August 19th).
Please make the payment to SDHHS (Saskatchewan Deaf and Hard-of-Hearing Services).
Registration fees are non-refundable.

OFFICE ONLY

Name of Parent: _____

Camper's Name: _____

PAID _____

NOT PAID _____

DATE OF PAYMENT _____

RECIEPT # _____

Type of payment (Please Check)

DEBIT/CREDIT

CASH

CHEQUE

OTHER

Any other comments:
