

# M. O. S. T. FUN CAMP REGISTRATION

(inclement weather may cause us to limit participants in the gymnasium to 50)

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

MOTHER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
WORKPLACE \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
WORKPLACE \_\_\_\_\_ PHONE \_\_\_\_\_

GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
WORKPLACE \_\_\_\_\_ PHONE \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**PAYMENT OPTIONS- DAILY \_\_\_\_\_ WEEKLY \_\_\_\_\_ please, no running accounts**  
( tax receipts will be issued with each payment)

**CHILD'S PERSONAL INFO-**  
HEALTH CARD # \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICAL CONDITIONS (we should be aware of that would limit child's participation)

\_\_\_\_\_

MEDICATIONS (we will not administer without specific instructions) \_\_\_\_\_

\_\_\_\_\_

ANY SPECIAL CONCERNS \_\_\_\_\_

SWIMMING- non-swimmer \_\_\_ swimmer \_\_\_ level \_\_\_\_\_ pool pass \_\_\_ pay per use \_\_\_

**THIS CAMP IS SPONSORED BY THE OPTIMIST CLUB OF MITCHELL-committee -  
Leanne Davidson, Kathy Vivian, Cheryl Davidson, Dianne Josling, Dorothy Reis  
CAMP SUPERVISOR- Mathew Eidt, COUNSELLORS-Angela Hoornaert, Kayla Siemon,  
Shelly Schoonderwoerd, Sami Clark, Molly Morrison, Robin Scott**