REGISTRATION FORM – MONTAGUE SUMMER CAMP



Please fill out and return this form with payment. Completed forms can be dropped off at the Montague Township Office, located at 6547 Roger Stevens Drive, Smiths Falls during regular office hours (Monday – Friday, 9:00am – 4:30pm) or left in our secure dropbox at the front entry door.

Parent Information: Parent/Guardian Name:			_
Address:			
Phone #: Email:			
Emergency Contact:	Pho	one #:	
Registrant Information: Name:			Male Female
Birth Date:// Address Month Day Year	Street	Town	Postal Code
List any medical concerns/allergies: Child's Shirt Size (Please specify whether child or a			
*Parent/Guardians that pick up their child(r What additional information, if any, should we know	ren) after 5:00pm will be sul		·
PAID BY: Cash Debit Cheque (Payable to: Township of Monta	ague)	
I, the undersigned, do hereby release and agree respective employees or agents from all claims for travelling to and from the activities, which I or any of or connect	or loss, injury or damage to pe	rsons and property while or on behalf, may at any ti	participating in or



Date:

Parent/Guardian Signature: ___