



SCIENCE CAMP REGISTRATION FORM 2017

Although Elephant Thoughts takes extreme pride, care, and measures to deliver an absolutely exceptional program while at the same time adhering to the most stringent codes of safe practice, by signing this permission form and allowing your child to participate in this program, you agree that you cannot hold liable Smart Moves Play Place or Elephant Thoughts Educational Outreach, or their Directors, or Employees, or their representatives for any injury, loss of property, or anything else, due to accident, inappropriate behaviour on the part of the children, or for any other reason whatsoever.

PARTICIPANT INFORMATION:

Name _____ D.O.B ____/____/____ Age _____

Health Card # _____ Doctors Name _____

Please outline any special needs, allergies or health concerns your child may have:

I, _____ (name), authorize Elephant Thoughts and the Smart Moves Play Place to photograph/film my child and permit the use and display of said photographs in print publication, advertising or social media . **YES / NO**

CONTACT INFORMATION

Parent/Guardian(s) _____

Relationship _____

Phone _____ Alternate Phone _____

Alternate Emergency Contact Name _____

Phone _____ Alternate Phone _____

ALTERNATE PICK UP INFORMATION:

In the event that I/we are not able to pick up my/our child, he/she has my/our permission to leave with the following individuals:

Name _____ Phone _____