



Malahat

Malahat Nation | 110 Thunder Road | Mill Bay, BC | V0R 2P4

**Registration Form for Spring Break Program MARCH 18-22nd 2019
Children aged 5-10 year old**

Name of Child: _____ Birthdate: ____/____/____
yy mm dd

Full name of Parent(s)/Guardian

Telephone Number

1. _____

Home: _____

Work: _____

2. _____

Home: _____

Work: _____

Personal Health Number: _____

Family Doctor or Clinic: _____

Phone Number: _____

PERSONS AUTHORIZED TO CALL FOR THE CHILD AND CONTACT IN EMERGENCY:

Name

Telephone Number

1. _____

2. _____

Any allergies? NO YES - If YES, list ALLERGENS: _____



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I, _____ the parent/guardian of _____ understand that my child's participation in the spring break program may result in some risk to my child. I waive all liability from the staff of the spring break program and Malahat Nation. In the event of a medical emergency I give permission for my child to be taken to the hospital or be seen and treated by a medical professional.

I, _____ the parent/guardian give permission for _____ to walk to and from spring break program unless otherwise discussed with Program staff and understand that the Program starts at **9:00am** and ends at **12:30pm**. Before and after this set time Summer Program staff is not responsible for your child.

Any comments or information you would like to share with the staff.