



REGISTRATION FORM

SKI SCHOOL « PREMIÈRE NEIGE » 2019-2020

(subject to change with notice)

PARTICIPANT IDENTIFICATION

First and last name of the participant :	Girl <input type="checkbox"/> Boy <input type="checkbox"/>
Same address of: Mother <input type="checkbox"/> Father <input type="checkbox"/>	Birth date (dd/mm/yyyy) :

IDENTIFICATION OF PARENTS/LEGAL GUARDIANS (if minor)

First and last name of the mother:	First and last name of the father :
Address :	Address :
City :	City :
Postal code :	Postal code :
Phone number :	Phone number :
Work number :	Work number :
Cellular phone :	Cellular phone :
Email :	Email :

AUTHORIZATION FOR DEPARTURE

Is your child authorized to leave alone : Yes <input type="checkbox"/> No <input type="checkbox"/>
People authorized to pick-up your child :
Mother <input type="checkbox"/> Father <input type="checkbox"/> Other 1) _____ 2) _____

HEALTH

Health Insurance card number :
Expiry date (yyyy/mm) :
Tetanus vaccine : Yes <input type="checkbox"/> (year) _____ No <input type="checkbox"/>
Allergies : Yes <input type="checkbox"/> No <input type="checkbox"/> Specify : _____
Does the participant have an epinephrin injection system in case of emergency (Epipen, Twinject ...)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma : Yes <input type="checkbox"/> No <input type="checkbox"/> Specify : _____
Other important health information : _____ _____

Authorizations

- I authorize the officials of Chêne-Bleu Day Camp to take essential decisions for the health and safety of my child and in emergency, to act in my name and to provide necessary medical and/or surgical care for the health of the participating child. Yes No
- I authorize the officials of Chêne-Bleu Day Camp to give all forms of drugs, that's including the administration of all forms of non-prescription drugs (over-the-counter medication. Acetaminophen (Tylenol) - Anti-emetic (Gravol) - antibiotic cream (Polysporin) - Other (cons cough syrup ...). Yes No
- I authorize the officials of Chêne-Bleu Day Camp to use photographs and interviews with the participating child for publication in the organization's literature, on television or in other information media. Yes No
- I accept the payment, reimbursement and information attached and on the Website. www.mon-camp.ca

_____/_____
Signature of the parent or legal guardian / Date

Other person to contact in case of emergency (other than the parents)

First and last name :
Tel. : Home <input type="checkbox"/> Work <input type="checkbox"/> Cell. <input type="checkbox"/>
Tel. : Home <input type="checkbox"/> Work <input type="checkbox"/> Cell. <input type="checkbox"/>
Of related to the child :

How did I know about Centre Notre-Dame-de-Fatima ?

- | | |
|---|---|
| <input type="checkbox"/> Reference
<input type="checkbox"/> Association des camps du QC
<input type="checkbox"/> Newspaper or social network
Specify : _____ | <input type="checkbox"/> Flyer
<input type="checkbox"/> Our web site
<input type="checkbox"/> Directory of activities, municipality
<input type="checkbox"/> At school |
|---|---|

À L'ÉTAT naturel

2464, boul. Perrot, Notre-Dame-de-l'Île-Perrot, QC J7V 8P4 info@mon-camp.ca T 514 453-7600

MON-CAMP.CA



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	Price	Date and time	TOTAL
« Premières glisses » (5 to 8 years old)	\$ 104	Saturdays, from January 11th to February 22th 2020 from 9:30 a.m. to 10:45 a.m.	\$
« Techniques de glisses » (9 to 14 years old)	\$ 104	Saturdays, from January 11th to February 22th 2020 from 11:00 a.m. to 12:15 a.m.	\$
Semi-private courses	\$ 35/ hr	On demand	\$
RENTALS			
If you wish to rent some equipment, please go to the ski kiosk about 20 minutes before the course.			
Boots, skis or poles (per equipment, per day, per item)	\$5	<input type="checkbox"/> Boots <input type="checkbox"/> Skis <input type="checkbox"/> Poles	\$
Complete equipment (each Saturday for the duration of the course)	\$ 30	<input type="checkbox"/>	\$
Total fees (50% rebate for NDIP residents except for semi-private courses)			\$
Payment			
<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE (ORDER OF CNDF)	<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA	
		Credit card number :	
		Expiry date :	
		Security code (3 digits) :	
Payable before the 1st course and non-refundable. In case of sickness or injury, pro rata refund (with the doctor's paper).			
Administration			
			Receipt #

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