



## 2010 BUSINESS IS JAMMIN' MARCH BREAK ENTREPRENEURSHIP CAMP

### REGISTRATION FORM

Camper's name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Required Medications: \_\_\_\_\_ Medical issues – Please specify: \_\_\_\_\_

Does the participant have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes please explain) \_\_\_\_\_

Camp Dates: **Monday, March 15 – Friday, March 19, 2010**

Camp Location: **Bloomfield Centre**

Release of Liability: As a condition of my child's participation in the *BIJ Summer Camp*, I agree to release the *Black Business Initiative*, its employees and agents from any and all liability for any bodily injury, property damage, death or loss of any nature and kind that may occur from participation in any activities of the *BIJ Summer Camp*. Further, I will take full responsibility for this child, his or her behavior, actions and cost incurred by any type of negligence on the part of this child. Furthermore, I do hereby give permission for this child to be given any and all medical treatment that may be required.

I also agree to have my child's name and any pictures taken at the camp used for publicity purposes should the need arise.

I agree \_\_\_\_\_ I do not agree \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_