

# R BIZ CAMP

## Registration Form

Camp Attending:	Payment Attached:
Camper's Name:	Age: (At time of camp)
Address:	City & P.C:
Date of Birth: M or F	Home Phone:

### Parent or Guardian Information (Primary Contact)

Parent or Guardian:	Relation:
Phone: Work Cell:	Home:
Email Address:	
Mailing Address:	

### Parent or Guardian Information (Secondary Contact)

Parent or Guardian:	Relation:
Phone: Work Cell:	Home:
Email Address:	
Mailing Address:	

### Medical Information

Doctor's Name:	Phone:
Allergies or Medications:	
Provincial Health Registration Number (MHSC):	
Personal Health I.D. Number:	
Emergency Contact:	Phone:

