

REGISTRATION FORM
AMS Summer Camps 2011

- Please complete one form for each child

Campers' Information	
Name:	Gender: AMS student?: <input type="checkbox"/>
Age:	Date of Birth:
Health Card Number:	
Address:	
Telephone #:	E-mail contact:
Mother's name:	
Business #:	Cell #:
Father's Name:	
Business #:	Cell #:
Swimming Ability/Experience	
Has your child taken swimming lessons previously? (circle one) Yes No Details	
Swimming Badge/ Level Achieved:	
Emergency Contact Details	
Name:	Telephone #:
Relationship to child:	
Allergies or Special Needs	
Child's Special Needs - Does your child have any medical conditions that our staff need to be aware of? (Asthma, epilepsy, attention deficit)	
Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, to what : _____ What is the reaction: _____	
Additional forms are required to be completed for both general Allergies as well as Life Threatening Allergies.	
Waiver and Authorization	
I hereby release, waive, discharge and covenant not to sue or otherwise claim or proceed against the Aurora Montessori School, its owners, affiliated organizations, their respective management, administrators, directors, agents, coaches, employees, sponsoring organizations, sponsors, advertisers and if applicable, owners and/or lessees of premises used to carry out any program administered by the Aurora Montessori School (collectively, the "Protected Parties") from any and all liability to the undersigned, his or her heirs and their next of kin for any and all claims, demands, losses or damages on account of injury, or damage to property, caused, alleged to be caused or in any way connected with the participation in any program administered by the Aurora Montessori School.	
Signature:	Date:
Print Parent / Guardian Name:	
Fee Enclosed:\$	Cheque Number:
<i>Please make cheque payable to Aurora Montessori School</i>	