

# REGISTRATION

Name (participant): -----

Parent/guardian name:-----

Phone Number:-----

Email:-----

Mailing address:-----

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## CAMPS

Camp Name:-----

Trip Dates:-----

Other Option if available:-----

Please check the following boxes:

- I have carefully read, understood and agree to the Swan Bay Rediscovery Program Registration ***Terms and Conditions.***
- I have carefully read, understood and filled out the ***Medical Disclosure forms*** (2 pages).
- I have carefully read, understood and signed the ***Assumption of Risk/Photo Permission form.***
- I have enclosed a cheque/money order to reserve one space on the above trip.

