

BOXWOOD 2010 CHILDREN'S PROGRAM REGISTRATION

Child's Name: _____ (Please print clearly)

Address: _____

Age: _____ Birthdate: _____

Name of Parent or Guardian: _____

Home Phone Number: _____ Contact Phone Number: _____

Email Address: _____

Medical Information:

Disabilities and/or Medical Conditions: _____

Allergies: Yes ___ No ___ Type _____ Health Card Number: _____

Is your child taking any medication: Yes ___ No ___ If yes, Please give us the name(s) of the drugs
and any special instructions you have regarding them: _____

Family Doctor: _____ Phone: Number: _____

Registration fee: \$150 (CAD) - make cheque payable to Boxwood. We also accept credit cards.

For families enrolling 2 or more children, there is a discount of \$20.00 per session for the second or additional child.

Includes pennywhistle and all materials. Please send a morning snack & lunch with your child each day.

★ SORRY, NO REFUNDS ★

It is understood that there is an inherent risk in any day-camp program. Boxwood, its staff, and its professional and non-professional volunteers and sponsors are in no way responsible for the damage to or loss of property or the injury of participants. I, the undersigned, therefore release and agree to indemnify and hold harmless Boxwood, its staff, and its professional and non-professional volunteers and sponsors from all claims due to any loss or injury suffered by the above named participating student in the Boxwood Children's program arising from and out of the participant's activities while involved in the Boxwood Children's Program.

Signature of Parent/Guardian: _____ Date: _____

Send to: BOXWOOD
PO Box 238
Lunenburg ★ NS ★ B0J 2C0 ★ CANADA
stjartsalliance@eastlink.ca
902.634.9994 (local) ★ 443.352.0502 (US)