2015 ANNUAL GENERAL ASSEMBLY - ?AQAM KTUNAXA NATION COUNCIL DAYCAMP/DAYCARE HEALTH FORM JULY 15 & 16, 2015

PRINT CHILD'S NAME:	Ag	GE: BC CARE#
1)		
2)		
3)		
4)		
Daneuro Maure		
EMERGENCY CONTACT:		
Phone #:	CELL #: 1)	2)
FAMILY PHYSICIAN:		PHONE #
ALLERGIES: [] YES [
	(Me	Medications bee stings, foods, etc.)
		E TAKING ALONG WITH THE DIRECTIONS FOR USAGE: FOR YOUR CHILD:
SunscreenBathing Suit 8	& Towel (IF NEEDED)	OLLOWING SUPPLIES FOR DAYCAMP ACTIVITIES: HAT & SUNGLASSES (IF POSSIBLE) LIFE JACKET (IF NEEDED) E DAYCAMP ORGANIZERS WILL NOT BE RESPONSIBLE FOR
THIS FORM MUST BE COMPLET YOUR CHILDS ARRIVAL. (CAN		TED TO THE DAYCARE/ DAYCAMP COORDINATOR'S UPON GISTRATION)
PARENT/GUARDIAN SIGNA	TURE	DATE

RELEASE AND WAIVER:

As the parent or legal guardian of the above child, who is a minor child under the age of eighteen (18) (hereinafter "my Child"), and in exchange for the benefits to be derived by my Child's participation in this camp, sponsored by Ktunaxa Nation Council, I hereby grant my permission for my Child to participate in AGA daycare/daycamp and I am fully aware of any risks associated with camp activities.

On behalf of myself and my Child, I VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY that may be sustained by my Child, or any loss or damage to property owned by myself or my Child, as a result of my child being engaged in the camp.

Parent (Guardian) signature: