



**Evergreen Junior Squash Summer Camp**

Participant Name: (in full, please print) \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ birth date: \_\_\_\_\_

Any allergies? Or medical information we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

(Parent(s) or guardian Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ cell> \_\_\_\_\_ cell2: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Medicare Card # \_\_\_\_\_

Week: August 18-22 \_\_\_\_\_ or/and August 25-30 \_\_\_\_\_ Payment: Cheque or Cash: \$ \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_  
Day Month Year