

SVSFE's Fish Camp Registration Form

Campers Personal Information

First Name: _____ Last Name: _____

Birth Date: _____ Gender: M / F
(Month/Day/Year)

Contact Information

Mailing Address: _____

E-Mail Address: _____

Main Contact Name: _____ Phone #: _____

Alternative Contact Name: _____ Phone #: _____

Medical Information

Family Doctor: _____

Manitoba Medical Registration# (6 digit): _____

Personal Health I.D # (9 digit) _____

Please report any medication or treatment required while at camp, any health condition that might restrict camp activity, any food allergies, and any additional comments or needs:

Parent/Guardian's Authorization

- I AGREE NOT TO HOLD SWAN VALLEY SPORT FISHING ENHANCEMENT INC. (SVSFE) RESPONSIBLE FOR ANY ACCIDENTS.
- IN THE CASE OF AN EMERGENCY, I GIVE SVSFE CAMP DIRECTOR/STAFF/CAMP COUNSELLORS THE RIGHT TO OBTAIN ANY MEDICAL ATTENTION, TREATMENT OR MEDICATION NECESSARY TO THE CAMPER'S WELFARE. ALL ATTEMPTS TO CONTACT GUARDIANS/CONTACTS WILL BE MADE.
- I GIVE PERMISSION FOR THE FREE USE OF THE CAMPER'S NAME AND/OR PICTURES IN ANY ADVERTISING OR PROMOTION.

I have read and give my authorization to the above checked boxes.

Parent/Guardian Signature

Please mail or bring on the first day of camp, your Registration Form and the \$125 fee. Cheques payable to Swan Valley Sport Fishing Enhancement Inc.

Swan Valley Sport Fishing Enhancement Inc.

Box 120
Swan River, MB
R0L 1Z0
swanvalleysportfish@gmail.com