



# CAMP CLARET

2030, Galt East  
Sherbrooke, Qc J1G 3J1  
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# REGISTRATION FORM

## CAMP SEASON 2022

### 2-WEEK SESSIONS

\_\_\_\_\_

SURNAME:		FIRST NAME :		SEX: M <input type="radio"/> O <input type="radio"/> FO <input type="radio"/>		DATE OF BIRTH:		M	D	Y	
FATHER'S NAME:				MOTHER'S NAME :							
OCCUPATION:				OCCUPATION:							
ADDRESS:				ADDRESS:							
CITY:			POSTAL CODE:			CITY:			POSTAL CODE:		
TEL: (home):			CELL :			TEL (home):			CELL :		
FATHER'S E-MAIL :				MOTHER'S E-MAIL :							

### 2-WEEK CAMP SESSIONS:

1<sup>st</sup>       2<sup>nd</sup>   
 3<sup>rd</sup>       4<sup>th</sup>

All correspondence to be sent by mail or e-mail to: Father  or Mother

Method of payment : Credit card  Interac e-Transfer  Personal check

Do not write. Office use only.

**Promotional material :** As Camp Claret will take pictures and/or film various activities involving my child during his/her stay at camp, I hereby authorize the use of this material, in whole or in part, for promotion purposes. Yes  No

I authorize the camp administration to take necessary medical actions regarding the health of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attending camp for 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  \_\_\_\_\_ year.

Language(s): French  English  Other  \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Allergies: No  Yes  Specify: \_\_\_\_\_

BACK-PACK RENTAL: No  Yes   
(Only for campers 12 to 16 years old. Payable upon arrival.)

**Your camping holiday could be even more enjoyable if a friend attended camp with you. Write their names and complete address below; you will have the chance to participate in the drawing of a free session at camp.**

1) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**N.B. The registration fee and 1<sup>st</sup> installment must accompany this form. Balance due June 15<sup>th</sup>.**

Receipt for income tax purposes should be made out to Father  or Mother

PARENT'S SOCIAL INSURANCE NUMBER REQUIRED: \_\_\_\_\_

DATE	DEBIT	CREDIT	BALANCE

### IN CASE OF EMERGENCY (2 names required other than parents)

1) NAME: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: (home): \_\_\_\_\_ CELL: \_\_\_\_\_

FAMILY RELATIONSHIP: \_\_\_\_\_

2) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL: (home): \_\_\_\_\_ CELL : \_\_\_\_\_

FAMILY RELATIONSHIP: \_\_\_\_\_

### How did you hear about Camp Claret?

References from family or friends.....

Quebec Camp Directory and Quebec Camping Association website .....

Social media and Camp Claret website: [www.campclaret.qc.ca](http://www.campclaret.qc.ca) .....