

**Town of North River**  
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North River, NL A0A 3C0  
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Email: [townofnorthriver@bellaliant.com](mailto:townofnorthriver@bellaliant.com)

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**SUMMER CAMP REGISTRATION FORM**

North River Resident: YES \_\_\_\_\_ NO \_\_\_\_\_

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

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**Childs Name 1:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

MCP: \_\_\_\_\_ Expiry: \_\_\_\_\_

T-shirt size (Field Trip) \_\_\_\_\_

**Childs Name 2:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

MCP: \_\_\_\_\_ Expiry: \_\_\_\_\_

T-shirt size (Field Trip) \_\_\_\_\_

**Childs Name 3:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

MCP: \_\_\_\_\_ Expiry: \_\_\_\_\_

T-shirt size (Field Trip) \_\_\_\_\_

**Childs Name 4:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

MCP: \_\_\_\_\_ Expiry: \_\_\_\_\_

T-shirt size (Field Trip) \_\_\_\_\_

Allergy/Medical Information/Special Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents/Guardian 1: \_\_\_\_\_ TEL: \_\_\_\_\_ CELL: \_\_\_\_\_  
Email: \_\_\_\_\_

Parents/Guardian 2: \_\_\_\_\_ TEL: \_\_\_\_\_ CELL: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

**AUTHORIZED INDIVIDUALS TO PICK UP CHILD(REN)**

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

Parents Signature: \_\_\_\_\_ DATE: \_\_\_\_\_