

Registration form Dressage des Roses Day Camp 2023

The Camper

Forename:	Name:
Date of birth of the child:	height:
No. ass. illness:	weight:

Parents ou tuteurs

Name tutor 1:	Name tutor 2:
Relationship:	Relationship:
Address et postal code :	Address et postal code :
Téléphone:	Téléphone:
Email:	Email:
Tax receipt in the name of :	Tax receipt in the name of :

In case of emergency

Name and surname:	Name and surname:
Relationship:	Relationship:
Phone Number:	Phone Number:

Camp de Jour

Service de garde 8,00\$ par jour

Week 5 - 10-14 july	<input type="checkbox"/>
Week 6 - 14-18 august	<input type="checkbox"/>

Additional weeks will be added if the weeks are all full

Price: \$400 per week
Cheque 1 installment
2 installments: 50% on registration & balance on the first day of camp
Interim transfer 1 payment
2 payments 50% at registration and balance on the first day of camp
Does your child have any health problems? _____

Does he take medication?
Does your child have allergies? yes: _____ no: _____
If yes please put the epipen in the camper's bag
Does your child lives any particular emotional behaviours?
If you answered yes to any of the questions, please specify:
Should we know anything else about your child?

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No open sandals (gougoune) will be tolerated on the site

Parent's signature: _____

Please return the document to Teamdesroses@gmail.com

You can also visit our website www.dressagedesroses.com

Address : 50 rue Tamarack Morin Heights JOR1H0

I authorize Dressage des Roses to use photos or films of my children taken during their stays for social networks or other.

If not, check here :

In case of cancellation before the start of the camp, the full amount will be refunded except for the deposit.
I accept the Dressage des Roses policies and allow my child to participate in all activities of the Dressage des Roses Summer Camp.
I hereby certify that the information provided on my child's medical record is accurate and authorize camp staff to provide appropriate medication, medical care and arrangements as recommended by a medical professional.
If I am unable to reach us, I authorize the doctor to provide my child with all the medical care required by his condition (surgical interventions, transfusions, anesthesia, injections or hospitalization).☒
I agree to pay for the care of my child, if applicable.

Parental consent:

Other information
