

# Temagami Registration Form

## Participant Information

First Name \_\_\_\_\_  
Date of Birth (Year/Month/Day) \_\_\_\_\_  
Address \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email Address \_\_\_\_\_

## Parent/Guardian 1

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_  
Alternate Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

## Parent/Guardian 2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_  
Alternate Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Custody** Mother Father Both Guardian

*If there is a custody arrangement we should be aware of, please provide a copy of the court documents*

## Health and Medical Information

### Emergency Contacts

*Please provide two authorized persons to pick up your child and/or be contacted in the event of an emergency.*

Name \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_  
Alternate Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_  
Alternate Phone Number \_\_\_\_\_

### Doctor Information

Doctor's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Health Card Number \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_

Allergies Yes No \_\_\_\_\_  
EPI Pen Yes No \_\_\_\_\_

### Has your child: (please list)

Been immunized as required by the Education Act? Yes No Doctor's Name \_\_\_\_\_

Had recent operations/illnesses/injuries/diseases? \_\_\_\_\_

Been diagnosed with any medical conditions? \_\_\_\_\_

Is your child currently taking medication? \_\_\_\_\_

### Program Support

Has your child been diagnosed with Special or behavioural needs? Yes No (please specify) \_\_\_\_\_

Does your child require one on one support at school? Yes No

Please list any additional information we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_