



CROSS CULTURAL ADVENTURES
NORTH AMERICANS REACHING OUT TO NORTH AMERICANS

Compasión 2019 Day Camp
Registration Package

The purpose of this form is to allow my child to participate in the **Camexicanus Compasión 2019 Day Camp**.

I, _____, as
parent/guardian of the below named youth, give my permission for him/her to accompany Gregory
Sadlier, Hannah Sadlier and/or authorized adult chaperones of the Camexicanus organization.

Personal Information:

Name of Student: _____

Students Birthday: _____ Students Age: _____

Students Home Address: _____

Name of Guardian(s): 1) _____

2) _____

Guardian(s) Phone Numbers:

1) Home: _____ Work: _____ Cell: _____

2) Home: _____ Work: _____ Cell: _____

Emergency Medical Information:

Health Card Number: _____

Medical Conditions or Allergies: _____

Prescription Drugs: _____

Emergency Adult Contact:

Name: _____ Relation to Student: _____

Home: _____ Work: _____ Cell: _____



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I understand that any behavior unbecoming of Camexicanus, including, but not limited to, tobacco, alcohol or other illegal drug use or any inappropriate relations, are grounds for the restriction and/or return of the student from this camp. I agree to bring my child home at my expense should he/she become ill or if deemed necessary by the Camexicanus staff members. I HAVE FILLED OUT THIS FORM TO THE BEST OF MY ABILITY AND I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE INFORMATION. Camexicanus commits to doing our best to ensure safety, health and the well being of the students, volunteers and staff. In any case of accident or incident, I will not hold Camexicanus (and Greg Sadlier, Hannah Sadlier, and any Camexicanus staff & volunteers) responsible or liable.

Consent to Use Personal Image

I consent to the release of any photographs, audio-visual productions, print and electronic communications produced by the Haliburton Highlands Museum staff for the purpose of developing promotional materials. Your personal image and information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Ontario.

By checking the “Yes, I agree” checkbox below, I understand that I am giving consent to use and disclose my personal image (or the personal image of my child) taken by the Haliburton Highlands Museum for promotional and/or informational purposes.

Yes, I agree No, I do not agree

Parent/Guardian Signature: _____ **Date:** _____

Camp fee can be paid by cash, cheque or e-transfer to info@camexicanus.ca
Forms can be handed via email, or printed and brought the first day of camp.



Compasión Day Camp 2019
Student Form

We ask all of our students to fill out this form, so that we can get to know them a little better before camp begins.

Name of Student: _____

Year of School: _____ Age: _____

Instrument(s) you can play, and how long have you been learning:

Other Art you do or want to learn (ie. Painting, Photographs, Writing, etc.):

In the space below, why do you want to come to the Compasión 2019 Day Camp, and what do you hope to learn?