



CONFIDENTIAL
Township of Beckwith
LEGO Mindstorms Robotics Workshop

Child's Name: _____ Age: _____

Siblings: _____ Age: _____

Siblings: _____ Age: _____

Siblings: _____ Age: _____

Home Telephone: _____

Email _____

Parent's / Guardian's Name & Work phone numbers:

Contact in Case of Emergency: (Parents/Guardians will be contacted first unless otherwise indicated)

Name: _____ Telephone: _____

Alternative Contacts:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Health Card: _____ Dr.'s Name: _____

(Must have before first day of camp)

Medications, allergies, previous injuries, physical, mental or emotional disorders, other conditions (braces, contact lens etc.)

Please have any medications clearly labelled and handed to the staff in charge on arrival.

The parent or guardian is assuming full responsibility for the child's health being such that activities will in no way aggravate any conditions present. As the parent or guardian of the child, I hereby authorize the leader of the event to secure such medical advice and services as may be necessary for the health and safety of my child or ward.

- I, the undersigned do not permit Beckwith Township to use, any videotape, photographs, or electronic medium of my child or children, taken by a photographer on behalf of Beckwith Township, or a Beckwith Township staff member for any purposes. Not checking this box grants permission to the Township of Beckwith for use of any photos or video footage taken of your child while at camp for promotional purposes in print media and/or promotion. No financial remuneration is available should a picture/video be used.

Date: _____, 2019 Signature Parent/Guardian: _____

One copy to be at the same location as child, to be brought on day trips etc. Other copy to be kept in a secure location at the Township Office.