



## 2021 VIRTUAL KHAOS WINTER EDITION

### FAMILY INFORMATION

Campers Full Name \_\_\_\_\_  M  F

Full Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade completed in June 2020 \_\_\_\_\_

Email Address (for camp info): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

### CAMP SESSIONS: Please check desired activities

(min registration of 10\$ of activities) Tic age category 5-7yrs \_\_\_\_\_ 8-11yrs \_\_\_\_\_

Mon Jan 4	1:30-2:30 _____	3-4 _____
Wed Jan 6	1:30-2:30 _____	3-4 _____
Thur Jan 7	1:30-2:30 _____	3-4 _____
Fri Jan 8	1:30-2:30 _____	3-4 _____

### EMERGENCY INFORMATION (If doing a live session)

Camper's medicare # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical info (Please include any Delays, Autism & other)

\_\_\_\_\_

*Please e-transfer a non-refundable payment in full to [campkhaos@yahoo.com](mailto:campkhaos@yahoo.com)  
Use your child's first name as the security question. Camp is not confirmed until  
payment is accepted.*

**Regular Activities are 5\$ each**

**TOTAL CAMP ACTIVITY FEES:** \_\_\_\_\_

Continue to page 2  
PG 2



**PARENTAL AGREEMENT** I confirm my agreement that this document be drafted in English.  
Je confirme ma demande que ce document soit redigé en anglais.

**PLEASE NOTE THAT VIRTUAL CAMP FEES ARE NON REFUNDABLE.**

In the terms of live camp:

**PARENT CERTIFICATION: THIS FORM FULLY DISCLOSES ALL MEDICAL CONDITIONS THAT MIGHT ARISE OR NEED ATTENTION DURING THE CAMP SEASON. THE CAMP CANNOT ACCEPT RESPONSIBILITY FOR PREVIOUSLY KNOWN MEDICAL CONDITIONS THAT ARE NOT DISCLOSED ON THIS FORM.**

I hereby authorize the Camp to take all necessary steps concerning my Child's health in case of emergency during live camp.

I hereby certify that I have read and understand the parental agreement, and agree to the provisions of this agreement.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please read and sign the release form below*

**RELEASE FORM**

Parents agree to release and indemnify Productions Khaos otherwise named Camp Khaos Day Camp, owner, director and all staff from any and all claims for damages arising as a result of any accident, injury or otherwise, sustained by the herein named child arising from participation in any camp activities, wherever they may be, either on or off property, virtual or live activities

Child: \_\_\_\_\_ Parent's Name Printed \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

All Parties agree that the language of this contract is in English. Toutes les personnes acceptent que la langue de ce contract soit en anglais.

Signature of Parent or Guardian \_\_\_\_\_