

CKSS Spartan Instructional League

REGISTRATION FORM (Student's completed Grade 1 to completed Grade 6)



Complete form below

1 st Child's Full Name:		Birth Date:	
Personal Health (Care Card) Number:		Grade:	
2 nd Child's Full Name:		Birth Date:	
Personal Health (Care Card) Number:		Grade:	
3 rd Child's Full Name:		Birth Date:	
Personal Health (Care Card) Number:		Grade:	

Parent/Guardian Information

Full Name:

Address:

Work Phone:

Cell Phone:

Home Phone:

E-mail:

Emergency Contact (Name & Phone):

Relationship to the Child:

Medical or other information we need to know for the Child:

(Please include Allergies, Medications, etc.)

Please specify the pick up person, if other than the Parent/Guardian of the above:

Name: _____ Cell Phone No.: _____ Relationship: _____

Release: While as Parent/Guardian, I understand that reasonable precaution to ensure my child's safety will be taken. I also realize that accidents may happen, and by signing, I release CKSS Spartan Instructional League and its staff and/or volunteers from liability in case of an accident occurring at the High School, at a designated activity, or en route. I also give my consent for medical treatment for my child deemed necessary in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____

Registration Fee: \$80 per child (non-refundable)

Please return total payment and registration form to:

Craig Kielburger Secondary School (1151 Ferguson Drive, Milton ON, L9T 7V8)

Please make cheque payable to: Craig Kielburger Secondary School

Total Amount Paid: _____ Date: _____

Paid by: Cash Cheque Cheque # _____

Contact

email: houldcroftk@hdsb.ca

phone: 905-878-0575 x226 (ask for coach Gerry)

website: kevinhouldcroft.com – click instructional camp button

Registration can be dropped off at the main office Craig Kielburger Secondary School

Make it Attention – Coach Gerry Moynagh (Camp Begins Thursday October 10)