



# MEDAHEAD HEALTHCARE CAMP REGISTRATION FORM



MEDAHEAD@JAMESGORESKIFOUNDATION.CA



JAMESGORESKIFOUNDATION.CA

## PERSONAL INFORMATION:

FULL NAME: \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_

GRADE:

SCHOOL NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

COUNTRY:

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

UNISEX T-SHIRT SIZE:

## CAMP INFORMATION:

WHY ARE YOU INTERESTED IN ATTENDING MEDAHEAD HEALTHCARE CAMP?  
(PLEASE WRITE A BRIEF RESPONSE.)

## MEDICAL INFORMATION:

DO YOU HAVE ANY ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF?  
IF YES, PLEASE SPECIFY.

LUNCH WILL BE PROVIDED BOTH DAYS OF THE CAMP, DO YOU HAVE ANY DIETARY RESTRICTIONS?  
IF SO, PLEASE SPECIFY:

**EMERGENCY CONTACT:**

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**CAMP POLICIES AND PERMISSIONS:**

I, [ \_\_\_\_\_ ], ACKNOWLEDGE THAT FOR SAFETY REASONS, CAMPERS ARE REQUIRED  
TO STAY ON THE CAMP PREMISES DURING CAMP HOURS.

SIGNATURE: \_\_\_\_\_ (PARENT/GUARDIAN IF UNDER 18)

DATE (MM/DD/YY): \_\_\_\_\_

*BY SUBMITTING THIS FORM, I UNDERSTAND AND GIVE PERMISSION TO THE JAMES GORESKI FOUNDATION AND  
ITS REPRESENTATIVES TO PHOTOGRAPH AND RECORD FOOTAGE OF ME FOR PROMOTIONAL PURPOSES. ANY  
PHOTOGRAPHS, VIDEOS, AND VOICE RECORDS ARE PROPERTY OF THE JAMES GORESKI FOUNDATION.*

*PLEASE SUBMIT THIS COMPLETED FORM AND THE \$50 REGISTRATION FEE TO  
MEDAHEAD@JAMESGORESKIFOUNDATION.CA BY MARCH 15TH, 2024.*

*\*NOTE SPOTS IN THE CAMP ARE LIMITED AND WILL BE AWARDED ON A FIRST COME, FIRST SERVE BASIS.*