

Hantsport Recreation Registration Form
March Break Day Camp 2009

Town of Hantsport
PO Box 399, Hantsport NS, B0P 1P0

() Hantsport () Hants West () Kings County

1. **CHILD'S NAME:** _____ (first) _____ (last)
Date of Birth: _____ Gender: M F (please circle one)
Health card #: _____
FAMILY DOCTOR: _____ Doctor's Phone#: _____

CAMP DATES

March 16- 20	Full Week \$60	Day Sessions \$14
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Day(s) registering:

M	T	W	T	F
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Health concerns (allergies, asthma, migraines, behavioural concerns, etc.) Please be specific and list any prescribed medications:

PARENT/ GUARDIAN/ EMERGENCY CONTACT INFORMATION

1. **Name:** _____
Phone numbers: _____ (w) _____ (h) _____ (c)
2. **Name:** _____
Phone numbers: _____ (w) _____ (h) _____ (c)

Email address: _____

Pick up and drop off will be at the Hantsport Legion.

For further information please contact Nichole Lutz at 684-3200 or Email:
nichole@hantsportnovascotia.com or visit the website at: www.hantsportnovascotia.com