

# 2007 KEEN FOR GREEN REGISTRATION FORM

Child's Name: \_\_\_\_\_

Age \_\_\_\_\_ Camp Week#(s) \_\_\_\_\_

T-shirt Size (Youth) S M L XL

Are you coming with a friend? \_\_\_\_\_

Friend's name \_\_\_\_\_

How did you find out about our camp?  
\_\_\_\_\_

Parent'(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Email \_\_\_\_\_

Family Allergies \_\_\_\_\_

*Has the child or anyone in the child's family ever had an allergic reaction to a beestings?*  
\_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Family Doctor \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Child's Health Card # \_\_\_\_\_

## IN CASE OF EMERGENCY NOTIFY

(1) Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

(2) Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

***A parent must sign, giving consent for all field trips, keen for green activities and photographs.***

**Guardian Signature** \_\_\_\_\_



Please mail completed registration form and cheques to:

Keen for Green Adventure Camp  
C/o Carleton University  
Dept. of Geography &  
Environmental Studies  
LOEB B#349  
1125 Colonel By Drive  
Ottawa, ON K1S 5B6

**PLEASE MAKE CHEQUES  
PAYABLE TO CARLETON  
UNIVERSITY**



**Carleton**  
UNIVERSITY