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# Northwestern Ontario Innovation Centre

# BizKids Camp 2018 Registration Form

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| **PARENT / GUARDIAN INFORMATION (If different, include mailing address for receipt)** | | |
| ○ Mrs. | ○ Ms. | ○ Mr. |
| Name: | | |
| Address: | | |
| City: | | Province: |
| Postal: | Phone: | Work Phone: |
| Email: May we contact you via email: ○Yes ○ No | | |
| How did you hear about this camp: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CAMPER INFORMATION (attach additional medical information if needed)** | | | |
| Name: | | | |
| Birth date: | Age: | Gender: ○ Female ○ Male | |
| Grade Entering (Fall 2018): | | | |
| Allow Camper photo for promotion? ○Yes ○ No | | |  |
| Family Doctor | | |  |
| Doctor’s Phone #: | | |  |
| Health Card#: | | |  |
| Medication: | | |  |
| Special Needs/Allergies: | | |  |
| Emergency Contact Name: | | | |
| Emergency Contact Phone Number: | | |  |

T-Shirt Size (please circle both type and size): Youth / Adult Small / Medium / Large / X-Large

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| --- | --- | --- | --- | --- | --- |
| **Registration Information: (Please number your top choice)** | | | | | |
| BizKids Camp | July 16th – July 20th | |  |  | |
| BizKids Camp | August 13th – August 17th | |  |  | |
| BizKids Camp | August 20th –August 24th | |  |  | |
| If attending with a friend, include their name: | | | | |  |
| Friends Phone #: | | Gender: ○F ○ M | | |  |

# Disclaimer & Payment Information

I, the undersigned, the Parent/Guardian of the above-mentioned camper, do hereby consent to his/her participation in the Northwestern Ontario Innovation Centre BizKids Entrepreneurship Camp 2018 program and related activities. I understand that BizKids is a program designed to encourage entrepreneurship, creativity and leadership development and will involve some hands-on activities and field trips. I consent to and assume all risks and hazards of, and incidental to, the participation of the above-mentioned camper in the activities of BizKids Camp.

# Fee: \_\_\_ $175.00 (including tax) per child

|  |  |  |
| --- | --- | --- |
| Name: | | ○ Cheque **○** Visa ○ Mastercard |
| Signature: | | Expiry Date: |
| Date: | Credit Card #: | |

**Please make cheques payable to the**: Northwestern Ontario Innovation Centre

**Submit Form:** By email to [info@nwoinnovation.ca](mailto:info@nwoinnovation.ca) -or- in person to the Northwestern Ontario Innovation Centre**,** 34 Cumberland St. N., Suite 603, 807-768-6682

**Office Use Only**

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| Database | Authorization # | Date Processed | Invoice Number |
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