



REGISTRATION FORM

Please enclose check payable to Maze N'Games or book online at mazengames.com

Participant Name _____ Birth date _____

Participant Name _____ Birth date _____

Session _____

Session _____

Address _____

Street

City

Postal Code

Mother's Name _____

Father's Name _____

Home Number _____ Cell _____

Email: _____

You can pick up your registration form at Maze N'Games during regular business hours, call us at 450-934-9333 or on our website. Registration will end at 11:59 pm on the Thursday prior to start date. (June 29, July 6, July 13, July 20, July 27, Aug 3, Aug 10, Aug 17 and Aug 24)

**** Another week might be added if we have a great deal of interest week of August 21-25 ****

Mail registration to: 3281 Av. Jean-Béraud, Laval, (Québec) H7T 2L2 or by email to :
info@mazengames.com

WEEKLY CAMP PRICES

Cost of Camp \$150.00 Multiple child discount \$20.00 off per child (applies only to week long camp)

ONE DAY CAMP FUN

Cost: \$35.00/day + taxes



Day Camp Emergency Form

Each Child Must Have a Separate Form Submitted

Child's Name: _____ Age: _____

Address: _____
Street City Postal Code

Parents Name: _____

Home Phone: _____ Cell: _____ Work Phone _____

Person's authorized to pick up your child or to be notified in case of an emergency (other than parents). Photo identification will be required at the pick-up time. **Your child will only be allowed to leave camp with those persons listed below:**

Name Relationship (To child) Phone # Cell #

1. _____
Name Relationship (to child) Phone # Cell #

2. _____
Name Relationship (to child) Phone # Cell #

HEALTH/MEDICAL ISSUES

Please list any health issue, allergies, habits or other considerations that staff should be aware of:

PHOTOS : May your child have his/her picture taken by the staff during the program? YES NO

CONSENT FOR TREATMENT: (PLEASE ENTER YOUR CHILD'S NAME ON THE LINE)

THIS CONSENT WILL BE VALID BETWEEN July 1- August 15th OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN.



IN A MEDICAL EMERGENCY, I GIVE PARENTAL CONSENT FOR MAZE N'GAMES TO TAKE MY *CHILD*
_____ *TO THE NEAREST HOSPITAL OR MEDICAL CLINIC TO RECEIVE NECESSARY*
MEDICAL ATTENTION, IF MAZE N'GAMES IS UNABLE TO CONTACT THE PARENT OR GUARDIAN.

FAMILY PHYSICIAN

Doctors Name Phone #

Medical Card: _____
Number Expiry Date

PARENT SIGNATURE _____ DATE _____

FIELD TRIP

By signing below, I give permission for Maze N'Games and its staff to take a Walking Field Trip or Public Transportation to Area Parks or Area Activities (May be a charge for)

PARENT SIGNATURE _____ DATE _____