



## REGISTRATION FORM 2009

### CHOICE OF SESSION

- SESSION 1: July 6 to July 24       SESSION 2: August 3 to August 21

### GENERAL INFORMATION

First and last name of participant: \_\_\_\_\_  
Address : \_\_\_\_\_ Apt. : \_\_\_\_\_  
City : \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age before start of session: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Language(s): \_\_\_\_\_

### PARENTAL INFORMATION

Name of parent/guardian (1): \_\_\_\_\_  
Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone (day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_  
Email: \_\_\_\_\_

### In case of emergency, you may contact:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### HEALTH INFORMATION

Medicare card number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Does your child suffer from any *chronic illnesses, allergies, or special needs*? If yes,  
which ones? Please give a description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** Does your child take any medications that we should be aware of? If  
yes, which ones?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- All registration forms must be returned to YWCA Montreal before July 3<sup>rd</sup> along with the registration fee\*\* either in cash or cheque. Places are limited.

By signing this form, I give my authorization for my daughter to be transported to a hospital in an ambulance if deemed necessary by YWCA Montreal staff. I attest to the truthfulness and validity of all information provided in this form.

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Name of parent/guardian:                      Signature:                      Date:

*\*\* A \$300 registration fee applies, however no girl will be refused because of an inability to pay.*

**YWCA Montreal**

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