

## Girls On Fire Camp Registration

### Attendee Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Youth Email Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Medical Information:

List of Allergies: \_\_\_\_\_

Epi Pen (YES / NO)

**By signing this you give permission for \_\_\_\_\_ to attend the Girls On Fire Camp, July 8<sup>th</sup> – 11<sup>th</sup>, 2024, at the Astor Theatre (219 Main Street, Liverpool).**

**Please indicate if transportation is an issue**     **YES**     **NO**

Parent/Guardian Signature: \_\_\_\_\_

Please contact Jeanine Porter, Youth Outreach Worker, [Jeanine.porter@ns.ymca.ca](mailto:Jeanine.porter@ns.ymca.ca) or call (902) 530-3352 or 902-298-5207 for more information or to submit your form.