

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 29th – Aug. 1st, 2024, at the King Street YMCA Youth Centre (416 King Street, Bridgewater).

Please indicate if transportation is an issue YES NO

Parent/Guardian Signature: _____

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