



**LIVE ANIMAL PROGRAMS
CLASS/CAMP
REGISTRATION FORM**

Child's Name: _____ Age: _____

Parent's Name: _____

Phone Number: _____

Check One Please Mornings Afternoons

Dates Attending

Amount of Payment Enclosed: \$ _____ (Cheques only please)

In order to hold your spot, please return to:
WHIMZ Head Office
15 Grimthorpe Road
Toronto, M6C 1G2
416-656-7894



CLASS/CAMP CHILD HEALTH FORM

Please return prior to Camp/Class to:

WHIMZ Head Office
15 Grimthorpe Road
Toronto, M6C 1G2
416-656-7894

Child's Name: _____ Today's Date: _____

Child's Birth Date: _____ Present Age: _____

Address with Postal Code: _____

Parents' Names (preferably both): _____

Parent One Home: _____ Parent Two Home: _____

Phone #s: _____ Phone #s: _____

Work: _____ Work: _____

Cell: _____ Cell: _____

In Emergency, please contact: _____ At: _____

Child's Health Card Number: _____

Child's Doctor & Phone #: _____

Does your child have any allergies: Food or Animals???: _____

Any other information that would help your child enjoy this program to the fullest: _____

We release Whimz Inc. and Whimz House and all other individuals/organizations affiliated with Whimz Inc. and Whimz House from all claims & liabilities arising from participation in any Whimz Inc. and Whimz House activity.

Date: _____

Parent One Signature: _____ Parent Two Signature: _____

Both parents must sign this Permission Form. If one parent signs, Whimz Inc. will assume that such parent has authority to do so.