

Energize Guys 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 Energize Guys Camp, July 16th – 18th, 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 or call (902) 530-3352 or 902-298-5207 for more information or to submit your form.