



Canadian Hemophilia Society  
Help Stop the Bleeding  
Société canadienne de l'hémophilie  
Arrêtons l'hémorragie

## **Online form and Online Signature Certification**

*(To be brought with child already filled out for registration)*

I, \_\_\_\_\_ am the parent or legal guardian of  
(*Print minor's name*) \_\_\_\_\_ and I certify that all  
information that has been submitted to the CHS Adventure Camp website is valid  
information and that my signature, on all online documents, is indeed my own signature.

**Signature of parent or guardian:** \_\_\_\_\_

**Printed name of parent or guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_