



Registration Form

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| Childs Name | | |
| Age | | M F |
| Address <i>(please include City, Province and Postal Code)</i> | | |
| Hospitalization Number | | |
| List any health problems, allergies, or special needs | | |
| Parent/Guardian Name | | |
| Home and Work Phone # | | |
| Email Address | | |
| Emergency Contact Name & number | | |
| Please select which camp | <input type="checkbox"/> July 5-10 – ages 8-10 <input type="checkbox"/> July 12-17 – ages 11-14 <input type="checkbox"/> July 19-24 – ages 9-13 | |
| How did you hear about us | <input type="checkbox"/> Previously attended <input type="checkbox"/> Advertisement <input type="checkbox"/> Family/Friend <input type="checkbox"/> Other <input type="checkbox"/> Church | |

- The Camp Director reserves the right to dismiss any camper who, in their opinion, is a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of the camp.

- I give camp personnel the authority to act on my behalf in case of an emergency, including medical treatment. Parents will be notified as soon as possible.
- I hereby grant permission to use, for promotional purposes, photographs, or videos of my child taken during camp.

Parent/Guardian Signature

Date