



Registration Form

Child's 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 8-14	
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	

- Registration fee is 160.00/week registrations will be accepted up until the day of camp week starts.
- 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