

Registration Form

Childs Name		
Age		**M F**
Address *(please include City, Province and Postal Code)*		
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	☐ July 11-16 – ages 8-10 ☐ July 18-23 – ages 11-14 ☐ July 25-30 – ages 8-14	
How did you hear about us	☐ Previously attended ☐ Family/Friend ☐ Church	☐ Advertisement ☐ Other

- Registration fee is 160.00/week registrations will be accepted up until the day of camp week starts.
- Payments can be E-transfered to jackfishbiblecamp@gmail.com

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☐ 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.

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Parent/Guardian Signature **Date**