



Camper Registration Form 2018

(one per child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Please circle child's T-shirt size: XS / S / M / L

Name of parent(s): _____

Street address: _____

City: _____ Province: _____ Postal Code: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Allergies or other medical conditions: _____

Health Card Number: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

More on the back

Medical Release:

I understand that every effort will be made to reach me in the case of serious illness or injury. In the event of an emergency where medical treatment is required, I give my permission to the staff or personnel to provide all emergency, dental or medical care prescribed by a duly licensed nurse (R.N.), physician (M.D.), osteopath (D.O.) or Dentist (D.D.S.) for the child/children written above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I waive the right to file a claim for and release the church and its staff from any liability arising from any related medical decision concerning care given to my child.

Photograph/Video/Media Arts Release

I, _____, hereby grant to St. Timothy's Anglican Church Agincourt -A Kids Summer Camp, staff and personnel, the right to use or publish my image or my child's image, likeness, photograph, interview comments, voice, or artistic contribution for the purposes of presenting, promoting, advertising, and/or fundraising for the parish & its programs.

May we have permission to photograph your child? Yes ___ No ___ (please check off your preference)

May we have permission to use your child's photograph for the purpose of promotion for the church? Yes ___ No ___

Participant Waiver of Liability

For and in consideration of permitting the person(s) indicated above to enroll in and participate in Kids Summer Camp at St. Timothy's Anglican Church Agincourt, I hereby voluntarily release, discharge, and relinquish any and all actions, causes of action, and claims for personal injury or property damage of or to the participant arising out of, or in any way related to, their participation in such program. I represent that I understand that this release is intended to, and does

Parent's Authorization

discharge in advance the church of St. Timothy's Anglican Church, any and all of its officers, agents, volunteers, servants, and employees from any and all liability, actions and causes of action.

I have read and understood the above information and agree to the stated terms.

Print Name: _____

Date: _____

Parent's Signature: _____

For church office only, DO NOT fill this out

Fee received: Yes ___ / No ___ Amount: Cash Cheque \$ _____ Date of Application received: _____