



# Camper Registration Form 2019

(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: \_\_\_\_\_

Do you regularly attend church? Yes/No

If yes, which church do you attend? \_\_\_\_\_

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: \_\_\_\_\_