

Surf's Up! Summer Camp 2010

Registration Form

OFFICE USE ONLY Registration Received: ___/___/___ by: _____ Payment Received: \$ _____ ___/___/___ by: _____
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Family Information:

Mom's Name: _____ Dad's Name: _____

Cell Phone: (_____) _____ Cell Phone: (_____) _____

Business Phone: (_____) _____ Business Phone: (_____) _____

Home Phone: (_____) _____ **Email Address:** _____

Child's Address: _____ City: _____ Postal Code: _____

Child lives with: Mother only Father only Both parents Other: _____

Emergency Contact 1: _____ Phone: _____ Relationship to Child: _____

Emergency Contact 2: _____ Phone: _____ Relationship to Child: _____

Camp Selection:

Please check all weeks in which you would like your child enrolled.

- Week 1** (July 5 – 9) **Week 5** (August 2 – 6)
 Week 2 (July 12 – 16) **Week 6** (August 9 – 13)
 Week 3* (July 19 – 23) **Week 7** (August 16 – 20)
 Week 4 (July 26 – 30)

*All campers enrolled in this week will also be registered by the camp to participate in the Vacation Day Camp event taking place at the church from 9 a.m. to noon.

Camper Information:

Please print information clearly and completely. Please note that up to three members **of the same immediate family** can be registered on the same form. If additional space is required, please fill out this section only on a separate form and attach the forms together.

Camper 1

First Name: _____ Last Name: _____ Male Female

Age as of July 5: _____ Entering Grade: _____ Health Card Number: _____

Allergies: _____ Family Doctor: _____

Camper 2

First Name: _____ Last Name: _____ Male Female

Age as of July 5: _____ Entering Grade: _____ Health Card Number: _____

Allergies: _____ Family Doctor: _____

Camper 3

First Name: _____ Last Name: _____ Male Female

Age as of July 5: _____ Entering Grade: _____ Health Card Number: _____

Allergies: _____ Family Doctor: _____

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Medical and Other Considerations:

If any of the children being registered on this form have health considerations, limitations, or medications which will need to be administered by the camp staff, please outline them below. This space may also be used to make the camp aware of any other information the parent feels is necessary. Please be sure to indicate which child the information applies to.

Guidelines:

- ✓ Two snacks will be provided daily by the camp. Please send a bagged lunch with your camper every morning, but remember: no peanut products!
- ✓ A separate waiver form specific to each week of camp will be available every Monday morning. Please ensure that your child's Ontario Health Card number (or equivalent) is included on this form.

Pickup Permissions:

Please provide the names of **all** individuals whom you will authorize to pick your child up at the end of the camp day. Be sure to include your own name. **Please note that any person whose name does not appear on this list will not be permitted to pick up your child under any circumstances.** All persons picking up a child will be asked to show a piece of photo identification which matches the information given below before the child is released.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Liability Release and Waiver

I understand that precautions are taken for the safety and health of my child, but in the event of an accident or sickness, King Street Pentecostal Church, its staff and volunteers, are hereby released of any liability. I understand that in the event my child requires medication, x-rays, or treatment, the camp staff will make every effort to notify me immediately; but in the event that I cannot be reached, or to contact me would mean a significant delay in treatment, I give permission for the staff to secure the services of a licensed physician to provide the care necessary for my child's wellbeing. I also give permission for my child to be involved in camp excursions by bus or other means chosen to transport the campers. I understand that I will receive full written notice of the details of the event the Monday prior to the event taking place.

Signature: _____ Date: _____

Campers are given placement in the week(s) of choice on a first come, first served basis. **Please ensure that all contact information given is correct.** You will be notified by **email** as to the status of your application within one week of its receipt in the office. Please note that payment-in-full in the form of post-dated cheques is due within a week of your notification of your child's placement in the program.

The cost of the program is \$125 per child per week of enrolment. Cheques are to be made payable to King Street Pentecostal Church, and dated to the date of the first day of camp for each week that your child is attending.