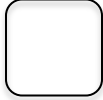




ART Camp

July 23-26, 2013

Cost: Before June 5 - \$99
After June 5 - \$120



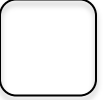
check



Soccer Camp

Aug. 12-16, 2013

Cost: Before June 5 - \$99
After June 5 - \$120



check

Child's last name: _____ Given name: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Parent's E-mail: _____

Current School Grade (2012/13): _____ Age: _____ Birthday (dd/mm/yy): _____

Home Church (if applicable): _____

Soccer camp T-shirt size (kids S / M / L / XL adults S / M / L / XL)

How I heard about this camp? Church announcement Sign outside church Friend

Internet Attended Previously Other:

Please contact me regarding financial aid

For the protection of the child, we will only accept instructions from, and release the child to the named parent(s) or guardian(s) or alternate emergency contact. For this reason, please ensure that IF there are TWO legal parents or guardians **please list both of them as "Primary". Any other parentally appointed care-giver may be listed as the alternate emergency contact.

Primary/Legal Parent(s) or Guardian(s)

<p>Primary Last Name: _____ Given Name: _____ Relationship to Child: _____ Address: _____ Phone #(hm) _____ (wk) _____ (cell) _____</p>

<p>Primary Last Name: _____ Given Name: _____ Relationship to Child: _____ Address: _____ Phone #(hm) _____ (wk) _____ (cell) _____</p>

<p>***OFFICE USE ONLY*** <input type="checkbox"/> Paid <input type="checkbox"/> Processed <input type="checkbox"/> Cheque # or <input type="checkbox"/> Cash Intake name and signature: _____ Date: _____ Group: _____</p>
--

Waiver & Medical Release 2013

Name of Child: _____ Age: _____

Any **severe** allergies? (bee stings, food, penicillin, other drugs, epipen, bug spray) YES _____ NO _____

Please explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations our staff should be aware of? YES _____ NO _____

Please explain: _____

As a general rule, ministry volunteers do not give or apply any medication. It is preferred that the parents administer necessary medication to their child. However, if medication is required please leave the medication, including any non-prescription medication like Tylenol (labeled with name of medication and child's name) with the leaders in charge. Do not leave ANY medication with the child. Please provide written instructions in space following. Parent/guardian's signature on the bottom of this form gives permission for leaders to give medication as directed by instructions.

In the event of accident or sickness, Grace Point Church of God, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-ray or treatment, parents/guardians will be notified immediately.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number: _____

Name of family physician: _____ **Phone number:** _____

Parents Signature: _____ **Date:** _____

Parents Name PRINTED:

By signing this form you agree that any photographs taken of your child at or during this event are the property of Grace Point Church of God and may be used in future publications as deemed appropriate.

Alternate Emergency Contact

Name: (first) _____ **(last)** _____

Relationship to child: _____ **Address:** _____

Phone Number: (hm) _____ **(wk)** _____ **(cell)** _____