



# Registration Form

July 14-16 2017

## Participant Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_ Age \_\_\_\_\_

Siblings Attending? Please include their names and ages on the line below:

\_\_\_\_\_

Is there a friend your child would like to be with? \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Medical Information

Emergency Contact Name and Number \_\_\_\_\_

Special Needs \_\_\_\_\_

Allergies \_\_\_\_\_

Does your child require an epipen?  YES  NO

Other Concerns \_\_\_\_\_

\_\_\_\_\_

Health Card # \_\_\_\_\_ Family Dr. Name & Phone # \_\_\_\_\_

## Waiver

Precautions are taken for the safety and health of your child. In the event of accident or sickness, Bethany Evangelical Missionary Church, its staff, and volunteers, are hereby released from any liability. In the event that your child requires special medication, x-rays or other emergency medical treatment, the parents/guardians will be notified immediately. If for reasons of health and safety of the child, time does not permit for consent to be given, Bethany is specifically authorized to provide such services and/or instruct medical personnel to do so. By signing this form you agree to indemnify and save Bethany, its staff, volunteers, board and members from any liability that might be occasioned during the activity, including any actions taken by Bethany Evangelical Missionary Church in accordance with the instructions and consents given by you in this form.

**PLEASE NOTE:** During Kids Camp, Bethany Staff and designated volunteers may take pictures of camp attendees for the purpose of crafts, projects, or for use in our slide show(s). **WE WILL NOT** post photos of your child(ren) revealing their identity on Facebook, Twitter, our website, or any other form of social media. Your child's safety is our greatest concern!



Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Signatures must be provided by a parent or legal guardian. In the event where a child lives with just one parent, it is recommended that the other parent/guardian is properly advised of the matters set out herein and that their consent is also obtained.



## Questions/Registration return:

**Email:** [trousom@bethanyemc.ca](mailto:trousom@bethanyemc.ca)

\* You may scan and email your forms to reserve your spot followed by mailing your original or bringing it on the first day of camp.

**Office Phone:** 519.745.0151 x103

**In person:** 160 Lancaster Street East – Kitchener.

\* After 4:30pm please leave your forms in the church mailbox to the left of the parking lot doors.