

# Nassagaweya Presbyterian Church



## Summer Camp July 9-13, 2018 – 9:00 am – 12:00 pm

\*Name of participant: \_\_\_\_\_

\*Full Address: \_\_\_\_\_

\*Birth date (dd/mm/yyyy): \_\_\_\_\_ Email address: \_\_\_\_\_

\*Parent/guardian/caregiver name(s): \_\_\_\_\_

\*Phone number(s): (please circle the # where you're most likely to be during the programme)

\*Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**\*Medical condition(s):**

Does child have any severe allergies or other medical condition that leaders should be aware of (please circle)?      Yes      No

If yes, please list and explain (use back or separate sheet if needed): \_\_\_\_\_

\_\_\_\_\_  
\*Participant's Health card number: \_\_\_\_\_

Participant's Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact Person** (*not* parents – in case parents/guardians cannot be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Disclaimer:** All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, Nassagaweya Presbyterian Church and its staff and volunteers are released from any liability. In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me should such a situation occur. I understand that any medical costs incurred involving the participant are my responsibility. The participant must be covered by provincial health insurance or equivalent medical coverage.

**Picture release:**

I give permission for pictures of my child taken during this program to be used in the future promotion of these types of events by Nassagaweya Presbyterian Church (please circle).      Yes      No

\*Parent/Guardian Signature: \_\_\_\_\_

\*Parent/Guardian Name (PRINT): \_\_\_\_\_

*Please note: Items marked with an asterisk (\*) are required information. Thank you.*