

Nassagaweya Presbyterian Church



March Break Camp March 16th - 20th, 9:00 am – 3:00 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.*