



SUMMER CAMP REGISTRATION

July 16-20, 2018

REGISTRANT INFORMATION

Camper Name: _____ Male Female

Date of Birth: mm/dd/yyyy Age: _____ Grade Sept. 2018: _____

Parent/ Guardian Name(s): _____

Address: Street # Street Name City Postal Code

Phone Number: _____ Alt. Phone Number: _____

Email: _____

EMERGENCY CONTACT INFO

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PERMISSIONS

I give permission to the following persons to pick my child up from camp:

I give permission for my child to walk/ride home from camp alone Yes No

I acknowledge and understand there are risks involved with my child's participation in the camp activities, including the risk of physical injury or damage to personal property and I release Hillside Church, and staff and volunteers from liability. I understand that photographs and video recordings may be taken by Hillside Church which may be used in brochures/promotions or church communications and website and I consent to Hillside Church using the images for all stated purposes. *If you have a concern, please speak with the Camp Coordinator before camp and arrangements will be made.*

Parent/Guardian Signature _____ Date _____

PROGRAM INFORMATION

My child will be attending:

VBS Only (JK-Grade 6) Sports Camp Only (Grade 1-Grade 6) VBS and Sports Camp

T-Shirt Size (**Sports Camp Participants Only**): YS YM YL AS AM AL

PAYMENT INFORMATION

Amount:

<input type="checkbox"/> Early Bird Pricing (Before May 1)	<input type="checkbox"/> Standard Registration Fee (After May 1)
VBS ONLY: \$15.00	VBS ONLY: \$15.00
Sports Camp ONLY: \$100.00	Sports Camp ONLY: \$110.00
Full Day Camp: \$110.00	Full Day Camp: \$120.00

VBS Music CD: \$10.00

\$ Camp Fee + \$ VBS CD = \$ Total Cost

Method of Payment: Cash Cheque

**Please make cheques payable to Hillside Evangelical Missionary Church or HEMC*

MEDICAL INFO

Ontario Health Card # _____ My child carries an epipen Yes No

Please list any allergies that your child may have: _____

Please list any health conditions camp staff need to be aware of:

Are there any other problems that may affect your child’s ability to participate in camp activities?

DISCLAIMER

I am the legal guardian of the camper with full authority to make decisions with respect to the care, upbringing, and education of the applicant.

I agree that all of the medical information provided on this form is true and accurate – lacking nothing. I hereby release my child to the care and medical discretion of the staff at Hillside Church and volunteers. In the event of an emergency and that no one can be immediately contacted, my child will be taken to the hospital or a physician to be treated if deemed necessary by one of the camp staff, church staff or volunteers. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Parent/Guardian Signature _____ Date _____