

SUMMER DAY CAMP REGISTRATION

Registration Deadline - JUNE 30, 2010

CHILDREN'S INFORMATION (Parents & Guardians please fill in order of age starting with Kindergarten)

Last	First	Sex		Birthdate			Age	Entering Grade
		M	F	M	D	Y		

Parents/Guardians Information

Name								
Spouse's Name (if applicable)								
Mailing Address:								
Street								
City				Prov		Postal Code		
How did you hear about St. John's Summer Day Camp?								

Summer Camp Payment: Cheque ___ Cash ___

*Please include your payment with the registration form. Cheques should be made payable to: St. John's Vancouver

Do you permit photos taken of your child for St. John's website, Summer Day Camp, Sunday School use?

(Please circle) No Website Summer Day Camp Sunday School All

T-Shirts: (Youth Sizing)

Every child will be receiving a Summer Day Camp T-shirt. Please circle the correct size for each child.

Name: _____ XS S M L Name: _____ XS S M L
 Name: _____ XS S M L Name: _____ XS S M L

MEDICAL INFORMATION

Please inform us if your child(ren) has allergies, a medical condition, or any other special needs that we need to be aware of: _____

MSP Healthcare #: _____

Emergency Contact

Name: _____ Relationship to Child: _____
Daytime Phone Number: _____ Cell Phone Number: _____

CONSENT FORM

Name of Camper/Campers: _____

In consideration of my son/daughter being permitted to participate in St. John's Vancouver Summer Day Camp, July 9-11, 2010, I agree to release and forever discharge St. John's Vancouver and it's Summer Day Camp directors and volunteer leaders, from and against all claims, actions, costs, expenses, and demands by reason of any damage, loss, death or injury to my son/daughter or their property, howsoever caused, arising out of or in connection with his/her participation in the retreat, with the understanding that every reasonable precaution will be taken to safeguard the health and safety of participants. I authorize the employed and volunteer leaders to approve and obtain any and all medical attention deemed necessary for the welfare of my son/daughter, when ordered by a professional medical person, with the understanding that all reasonable attempts shall be made to consult with parents/legal guardians beforehand, except in the case of a minor injury.

I have read the schedule of events and activities and this release of Liability and I accept its terms, and in witness whereof, I have hereunder set my hand, this _____ day of _____, 2010.

Signature of Parent/Guardian

Please Print Name