

# The GO Project Children's Adventure Camp REGISTRATION FORM

Please clearly complete the following information:

Site Attending: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail contact: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Health Card # \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Version Code: \_\_\_\_ Expiration Date: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Health Card # \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Version Code: \_\_\_\_ Expiration Date: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Health Card # \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Version Code: \_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact - Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Special Needs: (e.g Medications? Behaviour concerns?) \_\_\_\_\_

Other Information: \_\_\_\_\_

My child(ren) has permission to walk/ride home alone. (Initial) \_\_\_\_\_ or

My child(ren) will be picked up by Name(s): \_\_\_\_\_

As the parent/guardian of the above named child(ren) I give my permission for them to participate in the GO Project Children's Adventure Camp

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee: \$ 125.00 per child. Payable to: (Name of host church)

Paid: \_\_\_\_\_

# Guardian Permission & Photo Release

The GO Project Children's Adventure Camp

**Please clearly complete the following information:**

Parents Names: \_\_\_\_\_

**Child's Name(s):** \_\_\_\_\_

Date of last tetanus injection \_\_\_\_\_ (must be within last 10 years)

Please specify any medical condition that will require monitoring while at day camp:

Please specify any food allergies or dietary requirements for lunch and snack while at day camp:

GUARDIAN PERMISSION: I declare that \_\_\_\_\_'s health is suitable for day camp activities. I permit the staff and volunteers of The GO Project and of the host congregation to engage in on-site medical care as deemed necessary (including administration of medication I have brought for the children during their stay) and to use their judgment in determining the extent of immediate medical care as required for this child and to the extent of using the emergency service of a hospital. As well I agree to not hold staff or volunteers of The Go Project, Islington United Church or of the host congregations liable for accidents or misfortune that may occur to the child (knowing that every precaution shall be taken by staff to ensure my child's welfare and safety).

I give permission for photographs of my child to be used in promotional material and shared with others and that the child's address, telephone number and email address will be added to the GO Project database for communication purposes.

Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_