



Messy Church Camp 19 - 23 March, 2018

9:00 am - 12:30 pm - \$ 40/week

Registration Form

CHILD:

NAME OF CHILD: _____

NAME CHILD RESPONDS TO: _____ SEX: _____

DATE OF BIRTH: _____ (YYYY/MM/DD)

PARENT/GUARDIAN

1. NAME: _____

ADDRESS: _____ PHONE: _____

CITY AND POSTAL CODE: _____ EMAIL: _____

PLACE OF WORK: _____ PHONE: _____ CELL: _____

2. NAME: _____

ADDRESS: _____ PHONE: _____

CITY AND POSTAL CODE: _____ EMAIL: _____

PLACE OF WORK: _____ PHONE: _____ CELL: _____

MEDICAL INFORMATION:

FAMILY DOCTOR: _____

PHONE: _____

MEDICAL INSURANCE PLAN NUMBER: _____

ALTERNATE PERSON FOR PICK UP IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP _____ PHONE: _____

NAME: _____ RELATIONSHIP _____ PHONE: _____

PERSON (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM CAMP:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PERSONS NOT PERMITTED ACCESS TO CHILD:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PERMISSION IS GRANTED FOR CAMP LEADERS TO ACCOMPANY YOUR CHILD ON PUBLIC TRANSPORTATION TO A FIELD TRIP

DOES YOUR CHILD HAVE ANY KNOWN HEALTH PROBLEMS/ MEDICAL DISABILITIES? YES / NO
(IF YES PLEASE ATTACH DOCUMENTATION)

ANY ALLERGIES? YES / NO

(IF YES PLEASE ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION)

ANYTHING WE SHOULD KNOW ABOUT YOUR CHILD TO MAKE THEIR CAMP A GREAT EXPERIENCE?

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THE FOLLOWING:

I HERBY GIVE MY CONSENT FOR THE CAMP TEAM TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED. I UNDERSTAND MY CHILD WILL USE PUBLIC TRANSIT.

PARENT/GUARDIAN SIGNATURE _____

DATE _____