EtobiKids 2019 Day Camp Registration Form

EtobiKids Day Camp July 2 - Aug 2, 2019 - Monday to Friday 10:00 am to 3 pm

Camp and Office Location: 800 Burnhamthorpe Road, Etobicoke, ON

	<u>nation</u>				
Name				Gender	
(First)			(Last)		
Date of Birth		Health Ca	ard Number		
(Da	y/Month/Year)				
Address					
(Number & Street)				(City and Postal Code)	
Past year school attended			Past year grade level		
Please chec	k which week(s) th	ne Campers	will be attendin	g, from one to four weeks.	
Week 1	July 2-5	\$40			
Week 2	July 8-12	\$40			
Week 3	July 22-26	\$40			
Week 4	July 29-Aug 2	\$40			
TOTAL FEES		\$	cash	/ cheque (circle one) In Reformed Church."	
	an Information		Re	lationship	
(First)		(Last)			
Daytime phone		Cell phone			
Email					
Emergency Co	ntact (In the even	t that we ar	e unable to cont	act you)	
Name				Relationship	
Address					
			Cell Phone		
	ety Information	1			
Health and Saf	fety Information	_			
Health and Saf Does your child h	ave any allergies?	(Specify)		Expiry Date	

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be made aware of? Are there any general health concerns or additional information that you

would like to provide? (Please use an additional page if necessary.)

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Daily Camp Dismissal

Camp Staff will supervise Campers until 3:15, by which time an authorize made. If someone other than the PARENT / GUARDIAN is authorized to please provide the name(s) below. Additional authorization must be pro	oick up your child,
Name	
Can this Camper sign themselves out and walk home alone? (circle) YES,	/ NO (Initial)
<u>Consent</u>	
I, (the PARENT or GU	ARDIAN), am the
I, (the PARENT or GUA parent/legal guardian of (the CAMPE	R), who has my permission
to attend and participate in the Camp run by Fellowship Christian Reformed Church loc Road, Etobicoke. The CAMPER hereby agrees to abide by the behavioral guidelines for t agrees that in the event that the CAMPER fails to comply with the guidelines or behave cause damage or injury to persons or property while at camp, the PARENT / GUARDIAN child from Camp.	the camp and the parent s in such a way as is likely to
I agree that should my child bring items of a personal nature to Camp, the counsellors a responsible for loss or damage to any item.	and staff shall not be held
THE PARENT/GUARDIAN hereby authorizes the administration of any first aid treatment necessary by any of the Camp staff. In the event of a more serious medical emergency a staff shall make all reasonable efforts to contact the parent. Where attempts to contact successful or are not feasible due to the urgency of the situation, the staff are hereby a services of a licensed physician and to secure appropriate treatment for the CAMPER. That the CAMPER is covered by OHIP or equivalent medical insurance.	affecting the CAMPER, the the parent are not uthorized to obtain the
I authorize my child's name, date of birth, gender and postal code being given to Canad Foundation as part of summer camp cost reduction funding they provide. No contact in	
THE PARENT AND THE CAMPER hereby acknowledge that there are inherent risks involved comprise the camp, and voluntarily elect to assume said risks as their sole responsibility CAMPER hereby release Fellowship Christian Reformed Church and their pastors, leade agents, employees, and volunteers from any and all liability, claims, damages and costs accident, misfortune or damage to the CAMPER or his/her property while participating UNDERSTAND that the Camp is a Christian camp where CAMPERS will participate in Bib discussions.	y. The parent and the rs, trustees, servants, for loss, personal injury, Camp activities. I HEREBY
I authorize the use of any photos taken over the duration of the camp for non-profit pr future (CAMPER'S names will not be used). I ACKNOWLEDGE having read and understo provisions and camp policies and agree to abide by the terms of this agreement, autho	od each of the foregoing
Parent/Guardian Signature Date	