



Burnaby Pacific Grace Church

SUMMER SOCCER CAMP - REGISTRATION FORM (9:00 am to 12:30 pm, August 18 - 22, 2014)

CAMPER NAME: _____ LAST NAME: _____

SEX: M F

BIRTHDAY: (dd/mm/yy) _____ AGE: (By Sept. 2014) _____ LANGUAGE: _____

ADDRESS: _____

POSTAL CODE _____

NAME OF PARENT/GUARDIAN(S) _____

WORK/CELL PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

PLEASE SPECIFY THE PICK-UP PERSON BELOW:

NAME: _____ PHONE: _____

RELATIONSHIP: _____

NAME: _____ PHONE: _____

RELATIONSHIP: _____

Have you ever had or do you currently have? (Choose all that apply)

- seizures Neck Problems Back problems Asthma
 Fainting Spells Heart Problems Nose Bleeds

Have you had any of the following last year (Choose all that apply)

- Head Injury Major Surgery Overuse Injury Fractures

Please list any allergies that you may have: _____

Please list any medications currently being used: _____

List any other health concerns: _____

*Parents/Guardian signature is required at the back of the page. Please read, sign and return this form together with your payment to Burnaby Pacific Grace Church (3883 Triumph Street, Burnaby. Office: 604-298-8277)

REGISTRATION FEE

\$55 before July 6, 2014 (early bird price); \$65 thereafter

Please make cheque payable to "Burnaby Pacific Grace Church"

Please note that enrolment confirmation is based on a first come first serve basis with full payment.

For Church use only:

Payment by: Cash Cheque Received by: _____ Date: _____

Receipt No. _____

How did you hear about this camp?

- Invited by my kid' s friends AWANA
 Was here last year VBS? Others: _____

RELEASE

- 1) I assume all risk and responsibility for personal injury, sickness, death, damage and expense whatsoever as a result of my child attending and participating in this activity and hereby release and discharge Burnaby Pacific grace Church from any liability arising thereby,
- 2) I authorize an adult in whose care my child has been entrusted, to seek on my behalf any emergency medical treatment deemed necessary by them for whatever reason during Burnaby Pacific Grace Church' s Summer Soccer Camp should, in their discretion, the need arise; I agree to be fully financially responsible for any such medical treatment or emergency services and agree to reimburse Burnaby Pacific Grace Church for any costs they may incur as a result; and
- 3) I am aware that my child' s picture may be taken and used for promotional purposes.

I _____ (Parent/Guardian) have read, understood and agree with the above.

Signature of Parent/Guardian: _____ Date: _____