

### General Information:

Child's Name: \_\_\_\_\_ Gender: Male / Female

Grade in Fall 2024: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Church attending: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical Information:

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Medical Care Number: \_\_\_\_\_

Medical Condition or allergies: \_\_\_\_\_

Medication child is taking: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Authorization and Medical Consent:

*The safety of your child is our primary concern. Precautions will be taken for his/her well-being and protection. It is our policy to notify parent/guardian when a child is ill or needs medical attention. Occasionally, we are unable to contact the parent/guardian and/or we need to get immediate help for the child. Therefore, your authorization and medical consent is required for us to deal with such occasions.*

I hereby authorize one of the Burnaby Pacific Grace Church Ministry Staff or Volunteer a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for my child, \_\_\_\_\_ in the event of a medical emergency.

### Photo Release:

[ ] I do allow my child's photo to be taken or used in promotional within the church.

[ ] I do not allow my child's photo to be taken or used in promotional within the church.

Name of parent: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Supervision, activities & expectation

- All activities will be supervised by the Children's Pastor and Volunteers.
- Play will be active and normal sports injuries or risks are possible.
- Arrive on time with appropriate equipment/clothing/footwear.

- Be respectful at all times towards leaders, each other, equipment and the environment.
- Listen and follow instructions.
- Always notify a leader when leaving a group environment (i.e. washroom or water break) and travel with a buddy.
- Stay within given boundaries especially travelling outside church grounds.
- Drop off and pick up child on time.
- Please provide up-to-date medical information.
- Please provide drinking water, sunscreen, and appropriate clothing (walking shoes) for your child.

## Cost of Camp & Registration

### Registration

Cost for child to attend camp is \$75.

All forms must be completed. Registration is not complete until payment is received. Camp is limited to 35 campers due to space, first come first serve. Thank you. Please do not bring any peanut based snacks.

### Pick Up/Drop Off

Drop off time is between 8:50 am and 9:00 am. Pick up is at 12pm. Thank you.

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## Consent Form for guardian or friends dropping or picking up your child.

I \_\_\_\_\_ authorize \_\_\_\_\_ to pick up  
(Parent Name) (Name of Authorized Person)  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
(Son/Daughter Name) (Start Date) (End Date)

Full Name (print) \_\_\_\_\_ Signature \_\_\_\_\_