

**General Information:**

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

Grade in Fall 2022: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

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 future promotional literature.

[ ] I do not allow my child's photo to be taken or used in future promotional literature.

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

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

**Supervision, activities & expectation**

- All activities will be supervised by the Children's Ministry Lead 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.
- Stayed within given boundaries especially travelling outside church grounds or parks.
- Drop off and pick up child on time.
- Please provide up-to-date medical information.
- Please provide drinking water, sunscreen, and appropriate clothing (hat, walking shoes) for your child.
- Masks must be worn at all times and please practice social distance from each other.
- All the equipment (tables, chairs, craft supplies) will be sanitized prior to using.

## Cost of Camp & Registration

### Registration

Cost for child to attend camp is \$40.

All forms must be completed. Registration is not complete until payment is received. **Camp will be conducted at the church premise.** Camp is limited to 20 campers due to space, first come first serve. Thank you. Please do not bring peanut-based snacks to camp.

### Pick Up/Drop Off

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

## 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 \_\_\_\_\_