

FIRST NAME: _____ LAST NAME: _____ SEX: Male ☐ Female ☐

BIRTHDAY: (dd/mm/yy) _____ AGE (by Sept 2019): _____ LANGUAGES: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

NAME OF PARENT(S) / GUARDIAN(S): _____

WORK / CELL PHONE: _____ EMAIL: _____

CURRENTLY ATTENDING A CHURCH? YES ☐ NO ☐ If Yes, which church: _____

EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP: _____

PLEASE SPECIFY THE PICK - UP PERSON BELOW:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

REGISTRATION FEE (Please check ONE):

- ◇ HALF DAY (5 - Day Camp only) = \$50 per child (grade 1 to 6 by Sept) / \$45 per child (ages 3 to 5 by Sept)
- ◇ FULL DAY (5 - Day Camp + Extended Care) = \$80 per child
- ◇ Did you bring a non-church friend? Please check if "yes"

5000B	XS/TP	S/P	M/M	L/G	XL/TG
W	16"	17"	18"	19"	20"
L	20.5"	22"	23.5"	25"	26.5"

T-SHIRT SIZE: XS  S  M  L 

*Please make cheques payable to: BURNABY PACIFIC GRACE CHURCH.

****Please also complete HEALTH, CONSENT, and LIABILITY FORMS on the reverse side ****

Payment by: CASH ☒ CHECQUE ☐ Received by: _____ Date: _____

Please detach and return form with your payment



LIFE IS WILD

we can trust HIM

Psalm 20:7

**Some trust in chariots, some trust in horses,
but we trust in the Lord our God.**

HEALTH INFORMATION FORM:

MEDICATION / FOOD ALLERGIES AND / OR OTHER ALLERGIES: YES ☐ NO ☐ (If yes, please specify)

Family Doctor: _____ Phone Number: _____

Care Card Number: _____

Physical Restrictions / Medication History / Special Needs: (Please specify and explain) _____

CONSENT & RELEASE OF LIABILITY:

1) I assume all risk and responsibility for personal injury, sickness, deaths, 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 Children Summer Camp and Extended Care 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.

please provide nutritious snacks (and lunches if your child is staying for full day camp), drinking water, sunscreen and appropriate clothing. All hot meals must be in thermal container (volunteers should not be asked to heat up your child's meal). No nut based food products please. Drop off is 10 minutes prior to Camp and latest pick up is no more than 15 minutes after camp

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

DATE: _____ SIGNATURE OF PARENT/GUARDIAN: _____