

CAMP AWESOME 2019

THE LEADER IN ME



ALL CHILDREN AGES
5 -12 Are Welcome!

LOCATION

St. Paul's United Church,
308 King Street, Midland

DATE

August 12 - 16 2019

TIME

9:00 a.m. to 12:00 noon

COST

\$15/child or \$25/family

CONTACT TO REGISTER

Rebecca Amadei at 226-339-8218

I understand that, in the event medical treatment is required for my child, every effort will be made to contact me. However, if I cannot be reached, I give permission for the leaders to secure and consent to any emergency medical treatment or care, for my child, which is rendered under the supervision of a physician or surgeon licensed in the Province of Ontario, whether rendered in the office of the physician or in a hospital.

As part of the Camp Awesome activities, photographs and videos may be taken. These photographs and videos may be used on the United Church websites, or in United Church publications, promotional materials, United Church Facebook pages belonging to the United Church or its affiliates or other visual (e.g. PowerPoint) presentations. I understand that names will not be used without express permission.

YES, I give permission for my child/youth,
_____, to be in these
photographs and videos, etc. and used for United Church
purposes as described above.

NO, I do not give permission for my child,
_____, to be in these
photographs and videos.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Dated at: (city) _____, ON, on _____

dd/mm/yy

REGISTRATION FORM

Participant _____

 Last Name First Name

Birth Date _____ Grade _____ Age _____

 dd/mm/yy

Gender _____ Pronouns _____

 M/F/T He/Him/His, She/Her/Hers
 They/Them/Theirs

Name of
Parents/Guardians _____

Home Phone Number _____

Work/Cell _____

Email _____

Full address:

Contact person in case of emergency and
parents/guardians/caregivers cannot be reached
Name:

Home Phone _____

Work/Cell _____

Does participant have any severe allergies, medical conditions, dietary restrictions that leaders should be aware of?

If yes, please list and explain

Does the participant carry any medication? If so, please specify names, doses, conditions which they treat, and possible side effects.

Other helpful information or requested accommodations that the leadership team should be aware of?

Participant's Health card number
(optional) _____

Parent/Guardian Consent:

I, _____, hereby give consent for my child _____ to participate in Camp Awesome and confirm that his/her/their health is suitable for all activities. I understand that while this is a supervised program and every effort will be made to maintain safety, Shining Waters Region of the United Church of Canada and its affiliated organizations and individuals will not be held responsible in any way for injury to my child or their property sustained as a result of his/her/their participation in this program.