

KIDZ KAMP REGISTRATION FORM (2019)

Fraser Lands Church
June 28th to July 1st, 2019

OFFICE USE ONLY

Registration #: _____
Date paid: _____
Amount: _____
Cheque #: _____

\$200/kamper. Please make cheques payable to Fraser Lands Church

Please print clearly in **BLOCK CAPITALS**, except for the e-mail address

ALL SECTIONS MUST BE COMPLETED

Child's Name: _____ boy girl

Primary Caregiver(s): _____

Relationship to Child: _____

Present Grade: |__| |__| |__| |__| Age: |__| |__| |__| |__| Date of Birth: : |__| |__| |__| / |__| |__| |__| / |__| |__| |__| |__|
Month Day Year

Address: _____

Postal Code: |__| |__| |__| |__| |__| |__|

Phone #: (|__| |__| |__|) - |__| |__| |__| - |__| |__| |__| |__| Alternate Phone #: (|__| |__| |__|) - |__| |__| |__| - |__| |__| |__| |__|

Best time to get a hold of you? Morning (9:00am-12:00pm) Afternoon (12:00pm-5:00pm)
 Evening (5:00pm-9:00pm)

E-mail address: _____

Is this your child's first time at kamp? Yes No Who invited them? _____

Is your child a Christian? Yes No Unsure

Church presently attending _____

Roommate Preference (first and last name):

We will do our best to accommodate your wishes. Please remember that your roommate must be in the same age group as yourself. (Grades 1 & 2, Grades 3 & 4, or Grades 5 & 6). Each room sleeps a maximum of 3.

Choice #1 _____ Choice #2 _____

Alternate Choice #3 _____

T-shirt size: XS (2-4) S (6-8) M (10-12) L (14-16) XL (18-20)

Parental Consent for photo and video release

I consent to the use of photographs, video and/or audio recordings of my child during Kidz Kamp 2019 to be used for Kidz Kamp promotions and other publications that Fraser Lands Church finds appropriate.

Please check one:

YES NO If yes, please sign: _____

Please turn over

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Health Information and Parental Consent Form

Child's Name: _____

I give permission for my child to go swimming at the pool: Yes No

Is your child a strong swimmer? Yes No

Swimming level: Beginner Intermediate Advanced

IN CASE OF EMERGENCY: (this section *MUST* be completed)

Emergency contact name: _____ Relationship to Child: _____

Emergency contact #: (____|____|____)-|____|____|____|____|

Alternate contact name: _____ Relationship to Child: _____

Alternate contact #: (____|____|____)-|____|____|____|____|

(This person must be available throughout the whole weekend)

Physician's name: _____ Physician's #: (____|____|____)-|____|____|____|____|

Child's personal health care (CareCard) number: |____|____|____|____| |____|____|____|____|

HEALTH INFORMATION: (this section *MUST* be completed)

List allergies and/or allergic reactions (ex. penicillin, bee stings, food allergies, etc.):
(Please also note the severity of the listed reactions e.g. mild, severe, etc.)

List any medical conditions that your child may have:

List any medications your child now takes:
(PLEASE MAKE SURE YOUR CHILD BRINGS ALL NEEDED MEDICATION TO KAMP)

Should it be necessary for my child to have medical treatment while participating in any activity at Kamp, I hereby give the person in charge permission to act on my behalf to secure hospitalization and/or medical services deemed necessary and appropriate by the physician. I absolve the church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment.

Parent/Guardian Signature: _____ Date: _____