



CAMP AWESOME REGISTRATION 2010

SITE: _____

DATE: _____

NAME: _____

AGE: _____

PARENT/GUARDIAN: _____

MALE / FEMALE

HOME PHONE: _____

EMAIL: _____

CEL. PHONE: _____

WORK PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT INFO: _____

MEDICAL/DIETARY CONDITIONS: _____

HEALTH CARD NUMBER: _____

HOME CHURCH (IF APPLICABLE): _____

FRIENDS AT CAMP AWESOME: _____

OTHER INFO: _____

I (WE) GIVE PERMISSION FOR _____ TO PARTICIPATE IN CAMP AWESOME FOR THE ABOVE STATED DURATION. I (WE) UNDERSTAND THAT WHILE THIS IS A SUPERVISED PROGRAM, THE OTTAWA PRESBYTERY OF THE UNITED CHURCH OF CANADA, THE HOST CONGREGATION(S) AND THEIR AFFILIATED INDIVIDUALS WILL NOT BE HELD RESPONSIBLE IN ANY WAY FOR INJURIES SUSTAINED BY MY CHILD AS A RESULT OF HIS/HER PARTICIPATION IN THE EVENT. I (WE) UNDERSTAND THAT, IN THE EVENT MEDICAL TREATMENT IS REQUIRED, EVERY EFFORT WILL BE MADE TO CONTACT ME (US). HOWEVER, IF I (WE) CANNOT BE REACHED, I (WE) GIVE PERMISSION TO THE STAFF OR SPONSOR TO SECURE THE SERVICES OF A LICENSED PHYSICIAN TO PROVIDE THE CARE NECESSARY FOR MY CHILD'S WELL-BEING.

SIGNED: _____

DATE: _____

PLEASE FILL OUT A SEPARATE REGISTRATION FORM FOR **EACH** CHILD YOU REGISTER.