

# Registration Form

## Junior Camp & teenCAMP

Child's Name: \_\_\_\_\_

I am registering for (delete non-applicable): Junior Camp    teenCAMP

Gender: \_\_\_\_\_ 2023 School year: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardians name: \_\_\_\_\_

Parents email: \_\_\_\_\_

Emergency contact numbers: \_\_\_\_\_

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

Church attended: \_\_\_\_\_

### Medical Treatment & Image Use Consent:

I, being the parent/guardian of the child above, understand that while every precaution will be taken to ensure the welfare & protection of my child, Metropolitan Baptist Church & all camp leaders are hereby released from any & all liability in the event of any accident, loss or damage that may occur to my child and/or his/her property. I consent that my child may participate in any activities they choose during this camp. In case of emergency I give permission to the camp leaders/St John's Ambulance/medical personnel to ensure proper treatment for my child. I understand that every effort will be made to contact me at a suitable time. I also agree to pay all doctor, ambulance & hospital fees incurred on behalf of my child.

I agree that all camp materials & photographs taken by camp personnel remain the property of Metropolitan Baptist Church to be used in any form of future promotional material.

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

I have paid by (delete two):    cheque    direct deposit    cash (hand delivered)

Transfer Description: \_\_\_\_\_ (if payment is made by direct deposit)

Date: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Medications regularly taken: \_\_\_\_\_

Reasons for taking medication: \_\_\_\_\_

Allergic reactions: \_\_\_\_\_