



Registration for 2019

Family Information

Home Address

Street Number Street Name Apt/Unit Number

City Province Postal Code Phone Number

Email address (Income Tax Receipts and other information will be emailed)

Mother's Name Cell Phone Work Phone

Father's Name Cell Phone Work Phone

Legal Guardian/Other Cell Phone Work Phone

If other, please specify relationship to the camper

Emergency Contact Information

Contact #1

Name Relationship to camper

Home Phone Cell Phone Work Phone

Contact #2

Name Relationship to camper

Home Phone Cell Phone Work Phone

Additional Information:

Camper #1

Camper's Name _____ Date of Birth _____

Age _____ School _____ Grade _____

Health Card Number and Version Code _____

Allergies, Behavioural or Medical Conditions (Please list below)

Camp Selections and Fees (Regular rate: \$130/camper/week, Family rate: \$125/camper/week. **NO REFUNDS**)

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Disney Week (July 8 - 12) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** |
| <input type="checkbox"/> Animal Planet (July 15 - 19) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** |
| <input type="checkbox"/> Wild West (July 22 - 26) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** |
| <input type="checkbox"/> Mystery Week (July 29 - Aug. 2) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** |
| <input type="checkbox"/> Medieval Times (Aug. 12 - 16) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** |
- (* \$10/week/child) (** \$10/week/child) Total Cost: \$ _____

Camper #2

Camper's Name _____ Date of Birth _____

Age _____ School _____ Grade _____

Health Card Number and Version Code _____

Allergies, Behavioural or Medical Conditions (Please list below)

Camp Selections and Fees (Regular rate: \$130/camper/week, Family rate: \$125/camper/week. **NO REFUNDS**)

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Disney Week (July 8 - 12) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** |
| <input type="checkbox"/> Animal Planet (July 15 - 19) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** |
| <input type="checkbox"/> Wild West (July 22 - 26) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** |
| <input type="checkbox"/> Mystery Week (July 29 - Aug. 2) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** |
| <input type="checkbox"/> Medieval Times (Aug. 12 - 16) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** |
- (* \$10/week/child) (** \$10/week/child) Total Cost: \$ _____

Camper #3

Camper's Name _____ Date of Birth _____

Age _____ School _____ Grade _____

Health Card Number and Version Code _____

Allergies, Behavioural or Medical Conditions (Please list below)

Camp Selections and Fees (Regular rate: \$130/camper/week, Family rate: \$125/camper/week. **NO REFUNDS**)

- | | | | |
|--|--------------------------------------|---------------------------------------|----------------------|
| <input type="checkbox"/> Disney Week (July 8 - 12) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** | |
| <input type="checkbox"/> Animal Planet (July 15 - 19) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** | |
| <input type="checkbox"/> Wild West (July 22 - 26) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** | |
| <input type="checkbox"/> Mystery Week (July 29 - Aug. 2) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** | |
| <input type="checkbox"/> Medieval Times (Aug. 12 - 16) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** | |
| | (* \$10/week/child) | (** \$10/week/child) | Total Cost: \$ _____ |

Camper #4

Camper's Name _____ Date of Birth _____

Age _____ School _____ Grade _____

Health Card Number and Version Code _____

Allergies, Behavioural or Medical Conditions (Please list below)

Camp Selections and Fees (Regular rate: \$130/camper/week, Family rate: \$125/camper/week. **NO REFUNDS**)

- | | | | |
|--|--------------------------------------|---------------------------------------|----------------------|
| <input type="checkbox"/> Disney Week (July 8 - 12) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** | |
| <input type="checkbox"/> Animal Planet (July 15 - 19) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** | |
| <input type="checkbox"/> Wild West (July 22 - 26) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** | |
| <input type="checkbox"/> Mystery Week (July 29 - Aug. 2) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** | |
| <input type="checkbox"/> Medieval Times (Aug. 12 - 16) | <input type="checkbox"/> 8-9am care* | <input type="checkbox"/> 4-5pm care** | |
| | (* \$10/week/child) | (** \$10/week/child) | Total Cost: \$ _____ |

Parent/Legal Guardian(s) Permission / Liability Release Assumption of Risks / Early Return Home Policy and Media Authorization

N.b.: This form must be completed and returned to Glad Tidings Church before any camper may attend at the 2019 Summer Day Camp.

WARNING – BY SIGNING THIS DOCUMENT YOU AND YOUR CHILD WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE -- PLEASE READ CAREFULLY

Parent/Guardian Permission

The undersigned hereby give(s) permission for my/our child/children:

Names of children attending ("camper(s)")

to attend and participate at the 2019 Summer Day Camp (hereinafter referred to as the "camp"), during the following weeks:

In consideration of Glad Tidings Church allowing the Camper to attend at the Camp, I/we, the undersigned, do hereby waive, release, forever discharge and agree to hold harmless, defend and indemnify Glad Tidings Church, its deacons, pastors, employees, members, volunteers and agents (collectively herein the "Church") from any and all liability, actions, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature and due to any cause whatsoever, including negligence, which may be incurred by the undersigned and the Camper, which arises or is in any way connected with the Camper's attendance and participation in activities at the Camp.

I/we are not only giving up the right to sue the Church on our behalves and on behalf of the Camper, but also any rights of our respective heirs, next of kin, executors, personal representatives and assigns

Assumption of Risks

I/we, the undersigned, know and understand the risks of personal injury, sickness or death, as well as property damage or loss, which may result from the camper's attendance and participation in activities at the Camp. I/we freely accept and assume all such risks, hazards and responsibility for injuries, losses, costs and damages, however caused, that I/we and the Camper may incur as a result of the Camper's attendance and participation in activities at the Camp.

Early Return Home Policy

Should it be necessary for the Camper to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

Media Authorization

I/we, the undersigned hereby grant permission to Glad Tidings Church to use any photographs, video or film of the Camper for promotional purposes while the Camper is at Camp. I further give consent for Glad Tidings Church to use and modify the Camper's image as photographed, videotaped, or filmed, as well as in any form of media, including the internet. I/we hereby waive any and all right to notification, compensation, inspection or approval in relation to the aforementioned photographs, videotapes or films. *This media will be used for internal promotion (e.g., end-of-day slideshow, short promotional video shown during Sunday morning church service.)*

Permission/Liability Consent & Release

Please specify your understanding and consent to the use of your campers's image below

End-of-day slideshow/video Yes / No In-house Promotional video Yes / No

I/WE HAVE READ AND UNDERSTAND THIS AGREEMENT AND I/WE ARE AWARE THAT BY SIGNING THIS AGREEMENT I/WE ARE WAIVING CERTAIN LEGAL RIGHTS WHICH I/WE AND THE CAMPER OR OUR HEIRS, NEXT OF KIN, EXECUTORS, PERSONAL REPRESENTATIVES AND ASSIGNS MAY HAVE AGAINST THE CHURCH. I/WE UNDERSTAND THAT IF I/WE HAVE ANY QUESTIONS REGARDING THIS AGREEMENT I/WE SHOULD CONSULT A LAWYER PRIOR TO EXECUTING THE AGREEMENT.

Signed this _____ day of _____, 20_____.

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Name of Parent/Legal Guardian

Name of Parent/Legal Guardian

Signature of witness

Name of witness

Office Use Only:

Date received:

Date entered into system:

Method of Payment:

Cash

Cheque

Debit

Credit

Deposit:

Cheque:

1. _____ 2. _____

3. _____ 4. _____

5. _____