



st. christopher's

Anglican Church
662 Guelph Line,
Burlington, ON L7R 3M8
Tel: Christina Mulder
905-634-1809
or Trudy Johnson at
trudy_johnson5@hotmail.com

"FUN-IN-THE-SUN" SUMMER PROGRAM 2019

JULY 29 TO AUGUST 2 | 9 am to 12 noon
\$50/child, Family rates: \$90/2 children - \$120/3 children

CAMPER REGISTRATION FORM
FOR CHILDREN AGED 4 TO 12

Child # 1

First Name: _____ Last Name: _____

Birthdate (____) (____) (____) Age on July 29: _____
Month Day Year

School Grade For Sept _____ Health Card # _____

Carries EpiPen Allergies, _____

Child # 2

First Name: _____ Last Name: _____

Birthdate (____) (____) (____) Age on July 29: _____
Month Day Year

School Grade For Sept _____ Health Card # _____

Carries EpiPen Allergies, _____

Child # 3

First Name: _____ Last Name: _____

Birthdate (____) (____) (____) Age on July 29: _____
Month Day Year

School Grade For Sept _____ Health Card # _____

Carries EpiPen Allergies, _____

Child # 4

First Name: _____ Last Name: _____

Birthdate (____) (____) (____) Age on July 29: _____
Month Day Year

School Grade For Sept _____ Health Card # _____

Carries EpiPen Allergies, _____

If cost is an issue please speak to us so that other arrangements can be made. If you wish more information please leave a message for Christina at 905-634-1809 or Trudy at trudy_johnson5@hotmail.com

Pre-schoolers must be toilet trained and able to participate in a 3 hour program.

Please return form and payment by Sunday, July 28, 2019

Office Use Only

Paid by: Cheque # _____ Cash, Unpaid, Subsidy amount \$ _____

RELEASE FORM

Please initial each point to confirm your consent.

- 1. Fun-In-The-Sun administrative staff reserve the right to dismiss a camper who has displayed unacceptable behaviour and/or has not complied with the rules of the camp, or for medical reasons.
- 2. The parent(s) or guardian(s) submitting this application are those having legal custody over the child. Conditions of custody and access, if applicable, should be fully communicated in writing to the camp.
- 3. I consent to my child's participation in the camp activities listed in the camp brochure for the current year and associated with the program unless a physician's note has been written to excuse them or further information has been noted on a health form. In the case of medical or surgical emergency, I understand every effort will be made to contact parent(s) or guardian(s). In the event I cannot be reached, I hereby authorize and consent to St. Christopher's, its employees, agents and contractors to obtain medical assistance including first aid, proper treatments, transport, hospitalization, blood transfusion and/or anaesthesia or surgery if required.
- 4. I agree to release St. Christopher's of the Anglican Diocese of Niagara, its employees, agents and contractors for any cost or liability arising out of the performance of any medical procedure in relation to such medical assistance.
- 5. Each camper must be covered by provincial or equivalent health insurance. I hereby assume full responsibility for any extra expenses required for the treatment of the above-named camper that is not covered by Ontario Hospital Insurance or equivalent Health Insurance.
- 6. Photographs and videotaping are often used by "Fun-In- The-Sun" for promotional purposes. I consent to allow "Fun-In-The-Sun" to use photographs or video clips, where appropriate, in the advertising for "Fun-In- The-Sun". I understand that "Fun-In- The-Sun" will take all reasonable effort to maintain the privacy and anonymity of all campers. If you decide that you do not wish to have your child's photograph used for promotional purposes you will need to provide us with a letter stating your request with a recent photograph attached to assist us in maintaining your child's absence from our promotional material.

Are there any custody arrangements/restrictions of which we should be made aware?

If so, please explain: _____

PARENT / GUARDIAN INFORMATION - Please Print Clearly

Name: _____ # (____) _____ - _____

Name: _____ # (____) _____ - _____

Additional Emergency Contact: _____

Information that will help your child's leader: _____

Names and phone numbers of adults who have permission to pick up your child: _____

I understand that the leaders of "Fun-In- The-Sun" and the staff of St. Christopher's Anglican Church will do their best to provide a safe camp experience for my child. I also understand that all children who participate in the camp program do so at their own risk.

Signature of Parent / Guardian _____ Date _____