

LADNER UNITED CHURCH
4960 – 48th Avenue, Delta, BC V4K 4X6
Phone: 604-946-6254
Email:office@ladnerunited.org

July 8-12, 2019 – 9:00am-3:00pm
T-Shirt Size - _____
Ages 6-11

SUMMER CAMP REGISTRATION FORM 2019

PARTICIPANT INFORMATION:

First name: _____ Last name: _____
Home phone: _____ Child's cell phone: _____ Email: _____
Home address: _____ Postal code: _____
Birth date: _____ Grade: _____ Gender: M F

PARENT GUARDIAN INFORMATION:

1)Parent/guardian name: _____
Home phone: _____ Alternate phone: _____ Email: _____
Home address if different from child's: _____ Postal code: _____
2) Parent /guardian name: _____
Home phone: _____ Alternate phone: _____ Email: _____
Home address if different from child's: _____ Postal code: _____
I/we intend to support this program by: _____
Are there any family circumstances, cultural or faith requirements of which the program volunteers should be aware of?
 NO YES, provide details _____

EMERGENCY CONTACT INFORMATION:

If the above parent(s)/guardian(s) are unavailable in an emergency, please contact:
Name: _____ Relationship to child: _____
Home phone: _____ Alternate phone: _____ Email: _____
Home address if different from child's: _____ Postal code: _____

INFORMATION FOR MEDICAL EMERGENCIES:

Does the participant have any allergies? NO YES, **provide details:** _____
Please provide details of any medical conditions, diseases, operations, disorders or problems the participant currently has or has had: _____
Does the participant require special care, medications, or diet? NO YES, provide details: _____
Child's Medical Care Card number: _____
Name of child's family physician: _____ Phone number: _____

**Notes: If there is not enough room to include all pertinent information, please attach a separate sheet. It is the parent's/guardian's responsibility to update the program volunteers of any changes in the medical status and/or emergency contact info of their youth.*

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PARENT/GUARDIAN AGREEMENT:

Medical Treatment Consent: In the event of injury or illness requiring medical attention, I authorize treatment for my child and understand that reasonable attempts will be made to contact me, should such a situation occur.

Photo Permission: Photos and video of my youth may be taken while s/he is participating in Ladner United Church activities. These photos could be displayed in group photo albums, on Church bulletin boards, on group web sites, in PowerPoint presentations or submitted to local newspapers and United Church publications.

I DO wish or I DO NOT wish to have the images used as indicated above

Informed Consent and Release: The undersigned parent or guardian does hereby understand the information provided in this form and that participation in the aforementioned youth program is voluntary, and involves a certain degree of risk. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my child, I grant permission for my child to be a participant in this Sunday School program. By these presents I do hereby release and discharge the sponsors including The United Church of Canada, Ladner United Church, and volunteer leaders and participants of the said program for any injury to person or property to my youth during his/her participation therein.

Custodial parent/guardian signature

Date

Print Name

Relationship to youth

Age Range: 6-11 Dates: July 8-12 Times: 9:00am-3:00pm

Cost: \$120.00- Family rate: (2nd child, \$100), (3rd child, \$80)

Payment by cheque or cash made out to Ladner United Church

Activities will include art, music, games, stories, more games at Memorial Park (weather permitting)

Children to bring a bag lunch. Drinks and snacks will be supplied (this will be a nut and melon free zone)

Registration Deadline: June 28, 2019

Please note that we need a minimum of 15 participants to run the camp. Confirmations will be sent upon the closing date.

For inquiries, please contact the church office at 604-946-6254, email:office@ladnerunited.org or www.ladnerunited.org.