

2018 Registration Form



Please print and drop off form or email this form to Jubilee Fellowship Church. There will be a registration day on June 12, 2018 from 9:30am-2:30pm if you have questions or wish to drop this form off in person.

Email: campshout@jubileecrc.org

Address: 13 Wilholme Dr. St. Catharines, ON, L2R 6P9

Child's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First Last </div>	Gender:	Age:
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Birth Date: DD/MM/Circle Year: / / 07 08 09 10 11 12	Grade entering in September:
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Address:

City:	Postal Code:	Home Phone:
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Guardian 1 Name:	Guardian 2 Name:
Email:	Email:
Cell #:	Cell #:
Work #:	Work #:

Emergency contact [after parents] and their relation to child:

Name:	Relation:	Contact #:
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Names of people responsible for picking up child: *Please notify the staff at drop off if these people change.

1. _____	3. _____
2. _____	4. _____

Health Information*

Health Card Number:

Please list and describe any allergies or other medical concerns your child has:

Please list any medication, epi-pen, puffer, etc. that your child may require during camp hours:

Please list any exceptionalities (special needs) that your child has been diagnosed with or you are aware of:

*Camp Shout is fully committed to the health and safety of all our campers. We are willing to work with children and parents to provide the best camp experience for everyone. We kindly ask you to disclose any special considerations your child requires (medications, epi-pens, attention difficulties, medical concerns etc.) This information will only be viewed by the Camp Shout staff and will allow us to provide the best care we can for all our campers. Thank you for your cooperation.

Camp Shout 2018, Registration Form

Week of Camp (Please check off the week(s) your child will be attending camp)	Cost*	(For Office Use)
Week 1: July 9-July 13 <input type="checkbox"/>	\$25/week	C / CR / CH
Week 2: July 16-July 20 <input type="checkbox"/>	\$25/week	C / CR / CH
Week 3: July 23-July 27 <input type="checkbox"/>	\$25/week	C / CR / CH
Week 4: July 30-August 3 <input type="checkbox"/>	\$25/week	C / CR / CH

*Payment can be made at Jubilee Fellowship Christian Reformed Church with cash, credit or cheque.

<p>How did you hear about Camp Shout?</p>	<p>If you currently have a regular church home may we ask what it is?</p> <p>Would you be interested in receiving more info about Jubilee?</p>
<p>Questions or comments you have for Camp Shout/ What activities is your child interested in?</p>	

Guardian Waiver

I allow my child _____ to attend the Camp Shout summer day camp program at Jubilee Fellowship. I release the Camp Shout staff and Jubilee Fellowship Church from any and all liability while my child(ren) are involved in the Camp Shout program. I agree that if my child has an exceptionality or special need (i.e. physical disability, autism, allergies, etc.) I will record this information in detail in the medical section of this form. I understand that this information will be kept confidential and will be used to provide the best possible camp experience for all campers.

I acknowledge full responsibility for my child(ren) before and after the hours of camp, (9am - 4pm). I agree that I will not drop my child(ren) off before 9:00 am and pick them up no later than 4:00 pm in order to ensure that staff can properly plan and prepare for camp.

I, as well as my child(ren), understand that Camp Shout has expectations regarding camper behaviour in order to provide a safe and enriching environment to campers. I agree to take seriously any reports of behavioural issues. I understand that failure to abide by those expectations may result in consequences up to and including restriction of camper attendance.

In the event of an inability to contact me, I give Jubilee Fellowship staff permission to seek any necessary medical assistance my child(ren) may require during camp.

Please initial if you agree to the following:

___ I give Jubilee Fellowship Church permission to use any photos or videos of my child(ren) in promotional materials.

___ I give Camp Shout staff permission to apply or assist with, the application of sunscreen on my child(ren).

Signature of Legal Guardian: _____ Date: _____