

# Oil Springs Kids Club Day Camp -- Registration

Mail to: H.A.M. Box 63 Alvinston Ont., N0N 1A0

Cheques payable to Hope United Church

Name of Camper: \_\_\_\_\_ Grade: \_\_\_\_\_ M/F: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Camp Cost: \$50.00

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email\*: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Church Affiliation (if any): \_\_\_\_\_

\*Our primary form of communication with parents and campers is email. Please include an address that is checked often.

## Health Record

Name: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Version Code (if applicable): \_\_\_\_\_

Doctor Name and Phone Number: \_\_\_\_\_

Allergies (food/drug): \_\_\_\_\_

Medication required while at camp: \_\_\_\_\_

Other health information: \_\_\_\_\_

In signing this application, the parent/guardian issues to the director & staff of the event consent to the following:

1. In the event of an emergency, every effort will be made to contact me. However, if I cannot be reached, I authorize the director or staff to refer my child to medical authorities on my behalf and authorize the medical authorities to provide diagnosis and treatment.
2. I authorize the director or designated first aid staff to administer medications I have sent for the camper during his/her stay.
3. I consent to the use of photos/videos of my camper for HAM/Oil Heritage Family Church & partners for publication & promotional purposes.
4. I consent to being contacted by email to receive further camp information and receipts.

Signature of Parent/Guardian: \_\_\_\_\_

