

NORTHSIDE BIBLE CHAPEL

DAILY VACATION BIBLE SCHOOL REGISTRATION FORM - AUGUST 6th - AUGUST 9th 2019

Cost: \$10 per family

Please mail this form with payment (cheque payable to... Northside Bible Chapel, 8 Gunn Street, Barrie, ON, L4M 2H3)

Child's Last Name _____ Child's First Name _____

Child's Date of Birth: Day ___ Month _____ Year _____ Child's Gender: _____

Child's Health Card Number _____

Child's Home Address _____

Parent/Guardian Name(s) _____

Parent/Guardian Phone Number(s): Home _____ Mobile _____

Emergency Contact and Number (Available during camp hours 9:00am-Noon) _____

Parent/Guardian Email Address _____

Individuals Authorized to Pick Up Child (leaders will only dismiss campers to a parent or persons named on this form):

Please group my child with: (best efforts are made to honour requests made at the time of registration)

What would be needful or helpful for us to know about your child? Please list medical conditions, allergies, medications being brought to camp, food intolerances, and any special needs that your child may have while at camp.

CONDITIONS OF ENROLMENT:

1. While every precaution is taken for the safety and good health of the camper, Northside Bible Chapel, its trustees, staff and volunteers, and the employees of facilities used outside of the Chapel's grounds are hereby released from any and all liability in the event of any illness, accident or misfortune that may occur to the camper. I understand the inherent risks involved in the activities of this day camp.
2. In case of medical emergency, I understand that every effort will be made to contact me, the parent/guardian of the camper. In the event that I cannot be reached, I hereby give permission to the physicians selected by Northside Bible Chapel VBS Directors to hospitalize and secure proper treatment, order injections, anesthesia, or surgery for my child, as named above. Provincial Health or equivalent Medical Insurance must cover each camper. The parent or guardian is responsible for any additional expenses that may result from such services.
3. To the best of my knowledge, my child is in good health and I will notify the Camp if my child is exposed to any infectious diseases during the three weeks **prior** to camp.
4. I certify that the child is normal in condition and habits and is amenable to reasonable discipline.
5. The Camp Directors reserve the right to dismiss a camper who, in his/her opinion, is a hazard to the safety and rights of others, or who appears to have rejected the controls of the camp. I understand that my child will be given two warnings for misbehaviour. On the second misbehaviour, I will be called. If this behaviour occurs a third time, I will be called and expected to pick up my child from the Chapel.
6. I understand that the Day Camp operates between the hours of 9:00am and Noon each day August 6th -9th, 2019.
8. I have read the above information and am in full agreement. The information I have given is true to the best of my knowledge.

Parent/Guardian Name: _____ Parent Signature: _____

Date: _____