



## REGISTRATION FORM

### CAMPER INFORMATION

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (FIRST & LAST) (DAY/MONTH/YEAR)

AGE AT CAMP: \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CAMPERS SWIM LEVEL: \_\_\_ NON-SWIMMER \_\_\_ BEGINNER \_\_\_ AVERAGE \_\_\_ ABOVE AVERAGE

### PARENTAL GUARDIAN/PRIMARY CONTACT

PARENTS/GUARDIAN 1	PARENTS/GUARDIAN 2
NAME: _____	NAME: _____
WORK PHONE: _____	WORK PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
EMAIL: _____	EMAIL: _____

#### **IF BOTH PARENTS ARE NOT AVAILABLE IN THE CASE OF AN EMERGENCY**

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

### CUSTODY OF CAMPER

**Please Specify:** MOTHER ONLY \_\_\_ FATHER ONLY \_\_\_ BOTH \_\_\_ OTHER \_\_\_\_\_

I UNDERSTAND AND PERMIT PICTURES/VIDEOS OF MY CHILD TO BE TAKEN, AT CAMP, AND USED FOR PROMOTIONAL PURPOSES, INCLUDING SOCIAL MEDIA, FOR NEW LIFE ASSEMBLY.

YES \_\_\_\_\_ NO \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### PICK UP AUTHORIZATIONS: (LIST ANY POSSIBLE PEOPLE TO PICK UP IN ADDITION TO PARENT 1 & 2)

NAME (OTHER THAN PARENT) \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME (OTHER THAN PARENT) \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME (OTHER THAN PARENT) \_\_\_\_\_ PHONE: \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any allergies or medications needs? \_\_\_\_\_ Medical/Allergy Form Completed

\_\_\_\_\_

Please list any medical or dietary conditions we should be aware of:

\_\_\_\_\_

Please list any medications that your child requires while at camp:

\_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**OFFICE USE ONLY**

DATE PROCESSED: \_\_\_\_\_ BY STAFF: \_\_\_\_\_

CONFIRMATION E-MAIL SENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_

METHOD OF PAYMENT (PLEASE CIRCLE)

CASH VISA DEBIT CHEQUE MC OTHER: \_\_\_\_\_

PAYMENT RECEIVED (Date): \_\_\_\_\_

TOTAL COST CHARGED: \$ \_\_\_\_\_

CAMPS ATTENDING:

DAY CAMP 1 \_\_\_\_\_ Before Care \_\_\_\_\_ After Care \_\_\_\_\_

DAY CAMP 2 \_\_\_\_\_ Before Care \_\_\_\_\_ After Care \_\_\_\_\_

MUSIC CAMP \_\_\_\_\_ Before Care \_\_\_\_\_

BASKETBALL CAMP \_\_\_\_\_ After Care \_\_\_\_\_

**CAMP PROGRAMS:** PLEASE INDICATE ALL THAT APPLY

Camp Programs

**KIDS LIFE DAY CAMP 1** (Ages 6-11) **July 23-27** / 9:00am-4:00pm

**MUSIC CAMP** (Ages 8-13) **July 30-Aug 3** / 9:00am-12:00pm

**BASKETBALL CAMP** (Ages 8-13) **July 30-Aug 3** / 1:00pm-4:00pm

**KIDS LIFE DAY CAMP 2** (Ages 6-11) **August 13-17** / 9:00am-4:00pm

Camp Fees

Methods of Payment: *Cheque, Cash, VISA, Debit, MC, e-transfer (office@newlifepetrolia.com)*

**KIDS LIFE DAY CAMP 1** - \$60/Child

**MUSIC CAMP** - \$20/Child

**BASKETBALL CAMP** - \$20/Child

**KIDS LIFE DAY CAMP 2** - \$60/Child

**BEFORE/AFTER CAMP CARE** - \$5/Child/Hour

**\* All campers are asked to bring a packed lunch, and labelled water bottle for all Camps \***

Please indicate below which camp(s) / after and before care your child is signing up for

CAMP			BEFORE CARE (8AM-9AM) \$5/CHILD/hr.					AFTER CARE (4PM-5PM) \$5/CHILD/hr.						
			MON	TUES	WED	THUR	FRI	MON	TUES	WED	THUR	FRI		
	\$60/ CHILD	KIDS LIFE DAY CAMP 1												
	\$20/ CHILD	MUSIC CAMP												
	\$20/ CHILD	BASKETBALL CAMP												
	\$60/ CHILD	KIDS LIFE DAY CAMP 2												

ALL FORMS AND PAYMENTS MUST BE SUBMITTED TO THE NLA OFFICE

(421 OZLOFFSKY ST. PETROLIA, N0N 1R0) BY THE DEADLINE

NLA OFFICE HOURS: MONDAY-FRIDAY 9:00AM-4:00PM

**DEADLINE: JULY 1, 2018**

**TOTAL COST**

\$	
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## SUMMER DAY CAMPS WAIVER FORM

### Medical Release

In the unlikely event that my child becomes sick or is injured during NLA Summer Day Camps, I do hereby authorize the directors of New Life Assembly Camps to apply first aid to my child and if applicable, transport my child for medical attention either by private vehicle or ambulance, in which case I will accept full responsibility for their cost. I understand that all attempts will be made to contact me in such an event. I also understand that all events will be structured from a safety perspective.

Name *(Please Print)*: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### Waiver

As my child participates in the New Life Assembly Summer Day Camps 2018, I understand that under no circumstances will the Church Pastors, Day Camp Leaders, NLA Staff, or Board of New Life Assembly Church be liable to me or to any other person for injuries, damages, loss of property, or costs incurred by, or resulting, from any unauthorized actions on the part of any child taking part in the NLA Summer Day Camps. I agree to allow my child to participate in all camp activities and in any supervised day trips to places not on camp property. I release and indemnify New Life Assembly Church from any and all claims.

Name *(Please Print)*: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE HAND IN OR EMAIL THE FOLLOWING FORMS TO THE NEW LIFE ASSEMBLY OFFICE BY THE DEADLINE. PLEASE MAKE SURE ALL APPROPRIATE BOXES ARE FILLED AND SIGNED.**  
**[OFFICE@NEWLIFEPETROLIA.COM](mailto:OFFICE@NEWLIFEPETROLIA.COM) (519) 882 1600 - 421 OZLOFFSKY ST. PETROLIA**