

**19twenty Church/FBC**  
**Rocky Railway Kids' Day Camp Registration Form**  
 August 31 - September 3, 2020

**GENERAL INFORMATION**

<b>Child's Name* :</b>		<b>Age*:</b>	<b>Telephone #* :</b>
<b>Street Address* :</b>		<b>E-Mail Address*:</b>	
<b>City* :</b>	<b>Province* :</b>	<b>Postal Code* :</b>	
<b>Parent/Guardian Name* :</b>		<b>Phone (W) :</b>	
<b>Parent/Guardian Home/cell #*:</b>		<b>Phone (Other):</b>	
<b>#1 Parent E-Mail Address*:</b>		<b>#2 Parent E-Mail Address:</b>	
<b>Second Parent/Guardian Name* :</b>		<b>Phone (W) :</b>	
<b>Parent/Guardian Home/cell #*:</b>		<b>Phone (Other):</b>	
<b>Emergency Contact* :</b>		<b>Telephone (H)* :</b> Cell:	

**MEDICAL INFORMATION**

<b>BC Care Card #* :</b>	
<b>Name of Medical Doctor :</b>	<b>Telephone # :</b>
<b>Any Allergies*?</b> Yes            No If yes, please list:	
<b>Other Medical Conditions we need to be aware of* :</b> Yes            No If yes, please list:	

List any and all medications and prescriptions this child will be bringing to camp\*:

(Medications must have the child's name and dosage on it and will be kept and administered by the camp staff.)

**IMPORTANT: WAIVER FORM ON REVERSE MUST BE SIGNED**

**Name of Camper\*:**

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Any other special needs we should we aware of:

**WAIVER FORM\***

I/We authorize the administration of any common over-the-counter medications (i.e. Tylenol, Benadryl, etc.) and/or first aid treatment necessary at Rocky Railway Day Camp by camp staff. In the event of an accident or illness, I/We authorize the Physicians and Hospital staff to carry out any examination and treatment deemed necessary and advisable for the diagnosis and treatment of my child and I agree to pay for all services as may be required.

**Date :**

**Parent/Guardian Signature :**

Camp programs include physical activity and in spite of adequate and safe supervision it is possible for accidents and injuries to occur, by signing below I/We agree that this activity is suitable for my child.

I/We, the parents or legal guardians of \_\_\_\_\_, release the Finnish Bethel Church/19twenty Church, staff, and volunteers, from any and all liability and claims resulting from injury or damage that may be sustained by my child.

We recognize the seriousness of COVID-19 and are taking all mandatory precautions to disinfect surfaces, follow physical distancing, use of hand sanitizer/washing hands, having symptom free staff/volunteers, and applying the provincial guidelines to keep everyone safe at our day camp. Unfortunately despite adequate precautions that are taken, transmission of COVID-19 can still take place. In the case of transmission of COVID-19 I/We, the parents of \_\_\_\_\_, release the Finnish Bethel Church/19twenty Church, staff, and volunteers from any and all liability of the transmission and any resulting effects of COVID-19 to my child.

**Date :**

**Parent/Guardian Signature :**