GROUP INFO:					
Group/Church Name:	Group Leader Name:				
PERSONAL INFO:					
Full Name:			Circle One Student or Leader Date of Birth:	_/	/
Address			Month	h Day	Year
City	Province:	Postal Code:	Phone Number:		
Health Card #:		Allergies:			
Medications Being Taken:					
Physical Disabilities, Limitations, or Recent	Illness:				
Name of Family Physician:		Phone #:			
RETREAT FEES: (Choose One Rate)					
Regular Rate (registered before A	pril 22)		\$140.00		
☐ No Food Regular Rate (camper responsible for all meals - before April 22)					
☐ Late Rate (registered after April 22)					
At the Door Rate (May 18)			\$175.00		
☐ Partial or Child Rate (if a camper is missing more than 24 hours of the event or child between ages 5 and 12)					

## STUDENT COOPERATION AGREEMENT

To keep Pitch'n Praise enjoyable for everyone, we have a few simple guidelines for you to follow:

- 1. Be respectful of others and their property. If you break something, you pay for it.
- 2. Alcohol, drugs, firecrackers, and weapons of any kind are not permitted on the campground.
- 3. Be back in your area of accommodation and guiet by lights out.
- 4. Do not leave the grounds without permission from your group leader.
- 5. Leave your valuables at home. We are not responsible for lost or stolen property.

I have read the above Cooperation Agreement and agree to aide by it. I understand that if I do not abide by these standard, my parent(s)/guardian(s) will be notified and I may be sent home. I also agree that any video or photos of me by event staff may be used for promotional purposes for the event.

Student Signature: Date:

## PARENTAL INFORMED CONSENT AND RELEASE

Phone Number: \_

I give my permission for the above named student to attend **Pitch'n Praise (May 18-21, 2018 at Braeside Camp, Paris Ontario)** and to participate in all group activities, including games, sports tournaments, large groups sessions, small group discussions, workshops, concerts, (full schedule available at <a href="www.pitchandpraise.com">www.pitchandpraise.com</a>). In the event of an emergency, I hereby authorize the leaders of the group with whom my child is attending this retreat, as agent for me, to consent to any X-ray examination; medical dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of Ontario where the services are rendered, either at a doctor's office in hospital. I expect to be contacted as soon as possible in this event. I understand that if this student is in serious breech of the cooperation agreement, I may be required to pick him/her up from the camp immediately. I (named) below, undertake and agree to indemnify and hold blameless Pitch'n Praise, Evangelical Missionary Church of Canada, Evangelical Missionary Youth, Braeside Camp, their staffs, boards and volunteers from and against any loss, damage or injury suffered by the student as a result of being a part of the activities of Pitch'n Praise, as well as of any medical treatment authorized by the supervising group leaders. I also agree that any video or photos taken of my child by event staff may be used for promotional purposes for the event. I have read, understood and agree with above.

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Signature of Parent/Guardian:	Date:				
Name or Parent/Guardian Printed:	Phone Number:				
Emergency Contact Name (only to be contacted if parents are unavailable):					

Relationship to Student: \_