

APPENDIX D: REGISTRATION FORM

PERSONAL INFORMATION

Camper Name: _____ Sex: M ☐ F ☐ Age: _____

Birthday: _____ Present School: _____

Recent team: _____

How did you hear about this camp? _____

Address: _____

City: _____ Province: _____ PC: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Would you like to receive emails about future Athletes in Action and church events: Yes ☐ No ☐

CAMP INFORMATION

Camp Date(s): _____ Camp Location: _____

T-shirt size: YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐

Pick up authorization(s) _____

PAYMENT INFORMATION

Total Cost: \$90.00 (\$85.00 before June 10, 2016)

Amount Enclosed: _____

Remaining Balance: _____

Payment Method: _____ Cheque ☐ Cash ☐

Please MAKE CHEQUE PAYABLE TO CMBC



APPENDIX D: MEDICAL & PHOTO FORM

EMERGENCY INFORMATION

Camper's Name: _____

Sex: M ☐ F ☐

AB Health CARE #: _____

Date of Birth: _____

Emergency contacts: 1) _____ 2) _____

Emergency contact #s: 1) _____ 2) _____

MEDICAL ALERT:

Have you ever had or do you currently have? (Choose all that apply)

☐ Seizures Back Problems

☐ Neck Problems

☐ Heart Problems

☐ Fainting Spells

☐ Asthma

☐ Nose Bleeds

Have you had any of the following in the last year? (Choose all that apply)

☐ Head Injury

☐ Overuse Injury

☐ Major Surgery

☐ Fractures

Please list any allergies that you may have: _____

Please list any medications currently being used: List any other health problems/important information that could jeopardize camp safety: _____

PROTECTING YOUR PERSONAL INFORMATION

Your child's health and personal information is collected to ensure the safety and well-being of each person involved in our camp ministry. This information will only be seen by the staff and volunteers of Athletes in Action and partnering organizations and will be kept in a secure place. Please contact Athletes in action or our church for complete privacy policies.

MEDICAL/VIDEO/STILL PHOTOGRAPHY AUTHORIZATION FORM

I hereby authorize the staff and volunteers of the Athletes in Action and their partnering organizations to make any and all decisions regarding the emergency treatment of my child. I also hereby authorize the staff and volunteers of the Athletes in Action and their partnering organizations to take video and still photos of my child during camp. These videos and still pictures will be used on AIA's website and marketing materials as well as, Youtube and Facebook promotions. I understand they retain the sole right to use photos and video for publicity and advertising purposes.

I, _____, (parent/guardian) have read, understood and agree with the above and hereby release and discharge all parties associated with Athletes in Action from any and all claims, demands, actions, and causes of action, that i/we or my/our child(ren) incur(s).

Signature of Parent/Guardian: _____

