

# KIDZ KAMP REGISTRATION FORM (2017)

Fraser Lands Church  
June 30<sup>th</sup> to July 3<sup>rd</sup>, 2017

OFFICE USE ONLY

Registration #: \_\_\_\_\_  
Date paid: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cheque #: \_\_\_\_\_

\$195/kamper. Please make cheques payable to Fraser Lands Church

Please print clearly in **BLOCK CAPITALS**, except for the e-mail address  
**ALL SECTIONS MUST BE COMPLETED**

Child's Name: \_\_\_\_\_ boy  girl

Primary Caregiver(s): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Present Grade: |\_\_| |\_\_| |\_\_| Age: |\_\_| |\_\_| |\_\_| Date of Birth: : |\_\_| |\_\_| |\_\_| / |\_\_| |\_\_| |\_\_| / |\_\_| |\_\_| |\_\_| |\_\_|  
Month Day Year

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

Postal Code: |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|

Phone #: (|\_\_| |\_\_| |\_\_|) - |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| Alternate Phone #: (|\_\_| |\_\_| |\_\_|) - |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|

Best time to get a hold of you?  Morning (9:00am-12:00pm)  Afternoon (12:00pm-5:00pm)  
 Evening (5:00pm-9:00pm)

E-mail address: \_\_\_\_\_

Is this your child's first time at kamp? Yes  No  Who invited them? \_\_\_\_\_

Is your child a Christian? Yes  No  Unsure

Church presently attending \_\_\_\_\_

### Roommate Preference (first and last name):

We will do our best to accommodate your wishes. Please remember that your roommate must be in the same age group as yourself. (Grades 1 & 2, Grades 3 & 4, or Grades 5 & 6). Each room sleeps a maximum of 3.

Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_

Alternate Choice #3 \_\_\_\_\_

T-shirt size: XS (2-4)  S (6-8)  M (10-12)  L (14-16)  XL (18-20)

### Parental Consent for photo and video release

I consent to the use of photographs, video and/or audio recordings of my child during Kidz Kamp 2017 to be used for Kidz Kamp promotions and other publications that Fraser Lands Church finds appropriate.

Please check one:

YES  NO  If yes, please sign: \_\_\_\_\_

Please turn over →

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## Health Information and Parental Consent Form

Child's Name: \_\_\_\_\_ Date of Birth: |\_\_|\_|\_|/|\_\_|\_|\_|/|\_\_|\_|\_|\_|\_|\_|  
Month Day Year

I give permission for my child to go swimming at the pool: Yes  No

Is your child a strong swimmer? Yes  No

Swimming level: Beginner  Intermediate  Advanced

### IN CASE OF EMERGENCY: (this section MUST be completed)

Emergency contact name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency contact #: (|\_|\_|\_|\_|)-|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|\_|

Alternate contact name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Alternate contact #: (|\_|\_|\_|\_|)-|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|\_|

(This person must be available throughout the whole weekend)

Physician's name: \_\_\_\_\_ Physician's #: (|\_|\_|\_|\_|)-|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|\_|

Child's personal health care (CareCard) number: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

### HEALTH INFORMATION: (this section MUST be completed)

List allergies and/or allergic reactions (ex. penicillin, bee stings, food allergies, etc.):  
(Please also note the severity of the listed reactions e.g. mild, severe, etc.)

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List any medical conditions that your child may have:

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List any medications your child now takes:

**(PLEASE MAKE SURE YOUR CHILD BRINGS ALL NEEDED MEDICATION TO KAMP)**

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Should it be necessary for my child to have medical treatment while participating in any activity at Kamp, I hereby give the person in charge permission to act on my behalf to secure hospitalization and/or medical services deemed necessary and appropriate by the physician. I absolve the church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_