



SNOW CAMP REGISTRATION



Child/ren's Name(s): _____

Parents' Names: _____

Child/ren will attend full camp (Friday – Sunday) ___ # of children x \$50 = _____

Child/ren will attend Saturday only: ___ # of children x \$10 = _____

Meals required: Lunch Supper

Parent/s will attend Saturday only: ___ # of family members x \$10 = _____

Meals required: Lunch Supper

TOTAL AMOUNT \$ _____

Payment Options:

- * Cash
- * Cheque made out to Peoples Church
- * E-transfer to **6b4m-peoplesinteract@usa.net** (Include Snow Camp & child's name in comment section)

MEDICAL RELEASE FORM

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs, etc.)

Yes No

***** IF A CHILD HAS FOOD ALLERGIES, PARENTS MUST SEND PREPARED FOOD** (individual meals ready to serve or reheat) for the child to camp. Because of limited facilities, we are unable to meet special dietary requirements.***

Does your child have any life-threatening allergies?

Yes No

Is your child bringing any medication with him/her? (antibiotics, ventilator, Ritalin, etc.)

Yes No

Does your child have any physical, emotional, mental, or behavioural concerns or limitations that our staff should be aware of?

Yes No

If you answered "Yes" to any of the above questions, please explain:

Check if your child currently, or within the last three months, has had any of the following:

Appendicitis	Ear Infection	Hay Fever	Mumps
Asthma	Epilepsy	Hepatitis	Severe Stomach Ache
Bedwetting	Diabetes	Measles (Red)	Sinusitis
Chicken Pox	Fainting	Measles (German)	Tonsillitis
Other: _____			

Your child will be cared for as if he/she were our child. Every precaution is taken for the safety and good health of your child, but in the event of accident or sickness, Peoples Church, its staff, and its volunteers are hereby released from any liability.

In the event that your child requires special medication, x-rays or treatment, the parents will be notified immediately.

In case of surgical emergency, I hereby give permission to the physician selected by Peoples Church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Number: _____

Name of Family Physician: _____

Physician's Phone Number: _____

Parent/Guardian's Signature: _____

PARENTAL RELEASE STATEMENT

I hereby consent to let my child(ren), _____, participate in the following church activity: **AWANA Snow Camp February 10-12, 2023**

Your child will be cared for as if he/she were our child. It is understood that caution will be taken by those persons in charge to prevent injury, but neither those in charge nor the church shall be held responsible in case of accident.

Parents' Names (please print): _____

Address: _____

Home Phone Number: _____

Dad's Cell Phone Number: _____



Mom's Cell Phone Number: _____

*****Please mark which phone will be the emergency contact and will remain on 24 hours a day in case we need to contact you if your child gets sick, day or night.*****

Signature: _____

Date: _____