

CAMP CORNERSTONE REGISTRATION FORM

Office Use Only

Name: _____

Date of Birth _____ Male Female
Year / Month / Day

Age: (as of August 1st) _____ Home Phone: _____

Address: _____ City: _____

Postal Code: _____ E-mail: _____

Parent/ Guardian's Name: _____

Name of Siblings Attending Camp: _____

Please include a recent picture of child.(eg: school picture)

Registration Fee: \$85.00/child (postmarked before July 31)

\$100.00/child (postmarked after July 31)

\$25.00 Breakfast Club/child
(or \$5.00/day per child)

Cheques are to be made payable to:
Cornerstone Community Church
Attn: Camp Cornerstone
PO BOX 521, Lively, P3Y 1M5

My camp fee of \$ _____ is enclosed.
(cheque or exact cash only, please)

T-shirt Size: (circle one) S M L XL

School: _____

How did you hear about us?

HEALTH INFORMATION

1 Contact: Parent/ Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

2 Contact: (other than listed above) _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Health Card Number: _____ Expiry Date: _____

Family Physician: _____ Phone Number: _____

Please Indicate If Your Child has any of the following:

Current Health Problems: _____

Chronic Illness: _____

Medications: _____

Allergies: _____

Food Restrictions/Activity Restrictions: _____

IF you are unable to pick up your child at the end of the day, Please list below the person (s) who has your permission to take your child off Church property. (This is the only person(s) who will be allowed to leave with your child)

1. _____ Phone: _____

2. _____ Phone: _____

Please read the following carefully. If you have any questions or concerns please contact Abbey, at Cornerstone Community Church @ 692-1658.

CAMP GUIDELINES:

1. I understand that I am to come with a great attitude and have fun.
2. I understand that I am to respect other people's personal property
3. I understand that I am not to bring with me, any valuables that may get misplaced or damaged.
4. I understand that Camp Staff are concerned about my personal safety and therefore I will stay with the group I have been assigned to, and not wander off unsupervised.
5. I understand the Camp Director reserves the right to dismiss a camper who has proven to be a hazard to the safety of themselves or others, and who has rejected the reasonable guidelines of the camp.

PARENT/ GUARDIAN'S CONSENT:

I/We _____ have read this registration form and accept the conditions of
(Parent/ Guardian)
registration. I give permission for _____ to participate in the
(Child's Name)
activities of the Camp, including the various sports and games, arts & crafts and other camp programs under the supervision of Camp Staff.

I/We have ensured that my child has understood the above, mentioned guidelines and I/We respect and support them as well.

I/We have completed in full all of the information requested on this form and understand that if any part of the requested information is missing, it may mean that my child will not be able to attend camp.

I/We hereby declare that I/We will not hold Cornerstone Community Church, nor any member of it's organization responsible for any accident or injury incurred while participating in Camp Cornerstone. Furthermore, in the event of emergency, I/We hereby authorize the Camp Director as an agent for myself/us to consent to any x-rays, exams, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate).

I/We expect to be contacted as soon as possible.

I/We give permission to the leadership of Camp Cornerstone to utilize any photos taken during camp for photo collages and future camp promotions.

(Signature of Parent /Guardian)

Date

**** Please include your email address, to help us keep in touch with you about camp info & possible changes ****