

Olivet's KIDZ PA DAY CAMP 2016 Registration Form

Please pre-register for each Kidz PA Day Camp with our Administrator, Jennifer, by calling the church at 905-385-5305 at least 1 week prior to the PA Day Camp. The Camp is for children in Grades 1-6, attending Queensdale Elementary School, Hamilton.

Program Dates: Friday, September 23, 2016
 Friday November 4, 2016
 Friday, December 2, 2016

Camp Hours: 8:00 am – 5:00 pm

Location: Olivet United Church, 40 Empress Ave, Hamilton

Child's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

Daytime Phone #: _____ Cell Phone #: _____

Persons authorized to pick up child(ren): _____

Program Fees: \$6.00 per child. Cheques should be made payable to: "Olivet United Church".

Morning Drop-Off Time: _____ **Afternoon Pick-Up Time:** _____

Medical Information: Allergies/Asthma (Epipen or Inhaler Required?) Other Health Information (Dietary Concerns, Medical Conditions):

Cheque or Cash payment must be handed in with the registration form to secure your spot.

Must register by the **Wednesday** before camp date. Office closes at 1:30 pm on Wednesdays.

There are only 25 spots. First come, first registered! You may book for future camps, please see the dates at the top of the registration page.

CONSENT, RELEASE AND WAIVER OF LIABILITY FORM

for participation in Olivet's KIDZ PA DAY CAMP

PLEASE READ COMPLETELY AND CAREFULLY BEFORE SIGNING

I grant permission for my child or children [please print child(ren)'s name(s)]

to participate in Olivet's **KIDZ PA DAY CAMP** (hereinafter referred to as the "Camp").

I understand that in order to participate in this program, my child(ren) must abide by the established rules and codes of conduct established by the program staff. The Camp Director, reserves the right to dismiss a child from the Camp due to that child's disruption of the program, including but not limited to verbal and physical aggression against staff or other participants, failure to follow safety or program instructions, and any other disruptive behaviour. A child's dismissal will be at the discretion of the Director of the Camp. If a child is dismissed from camp, there will be no refund.

I understand and agree to assume any and all risks associated with the Camp's activities. I grant permission for my child(ren) to participate in activities that are part of the scheduled activities for the Camp. If any illness, injury, or accident occurs which, in the sole judgment of the staff of the Camp, requires immediate medical attention, I give consent for any member of the Camp staff to obtain such emergency treatment. I further consent to the signing of any releases by program staff, which may be required by any medical care provider. I understand that in the event of an emergency medical situation, I will be notified as soon as possible. I also agree to provide the Camp staff with emergency contact numbers.

For the sole consideration of the Camp allowing my child to participate in this program, I hereby release and forever discharge the Camp, its members individually and its officers, agents, volunteers and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have either arising from or by reason of any personal injury or property damage resulting from or in any way connected with my child's participation in this program. I further covenant and agree that for the consideration stated above I will not sue the Camp, its members individually, its officers, volunteers or employees for any claim for damages arising or growing out of my child's voluntary participation in this program.

I have received a copy of this document and I certify I am at least 18 years of age and that I have read the above carefully before signing.

This _____ day of _____, 201____

Signature of Parent or Legal Guardian

Name of Parent or Legal Guardian (printed)

Emergency

Contacts: _____

Telephone: _____

I grant permission for my child(ren) to be photographed for purposes of publicity. I understand that some photographs may appear in future brochures, our newsletter, our website, or local newspapers.

(Your signature)