

CITADEL INTERNATIONAL CHURCH SUMMER CAMP REGISTRATION FORM

Child #1

Child's Name: _____ **Age:** _____

First _____ Middle _____
Last _____

Gender: Male __ Female __

Birth date ____/____/____

Street Address

City _____ Province _____ Postal Code _____

Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell phone _____ FAX _____

E-mail _____

Parent/Guardian - Contact Information

Parent/Guardian #2

First _____ Last _____

Street Address

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell phone _____ FAX _____

E-mail _____

Child lives with:

Person responsible for payment

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First _____ Last _____

Work Phone _____ Cell phone _____

E-mail _____

Relationship to child _____

Child #2

Child's Name: _____ **Age:** _____

First _____ Middle _____
Last _____

Gender: Male __ Female __

Birth date ____/____/____

Street Address

City _____ Province _____ Postal Code _____

Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell phone _____ FAX _____

E-mail _____

Parent/Guardian - Contact Information

Parent/Guardian #2

First _____ Last _____

Street Address

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell phone _____ FAX _____

E-mail _____

Child lives with:

Person responsible for payment

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First _____ Last _____

Work Phone _____ Cell phone _____

E-mail _____

Relationship to child _____

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Emergency Contact #2

First Name _____ Last Name _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____
 Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____
 2: _____
 3: _____

Medical Release Information

Insurance Information
 Alberta Health Card# _____
 Name of Health Insurance Provider _____
 Primary Physician _____
 Address _____

 Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic by called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____ Does your

child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Emergency Contact #2

First Name _____ Last Name _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____
 Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____
 2: _____
 3: _____

Medical Release Information

Insurance Information
 Alberta Health Card# _____
 Name of Health Insurance Provider _____
 Primary Physician _____
 Address _____

 Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic by called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____ Does your

child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

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I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the **Citadel International Church** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photograph during **Citadel International Church Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports for our funders and for promotional purposes. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **Citadel International Church**

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Citadel International Church Summer Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The **Citadel International Church** are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

Check off Weeks of interest

___ WEEK 1: Respect and Safety WEEK - JULY 9 - JULY 13

___ WEEK 2: Healthy Kids WEEK - JULY 16 - JULY 20

___ WEEK 3: Sports WEEK - JULY 23 - JULY 27

___ WEEK 4: Multicultural WEEK - JULY 30 - AUG 3

___ WEEK 5: You Got Talent WEEK - AUG 6 - AUG 10

___ WEEK 6: Creativity and Invention WEEK AUG 13 - AUG 17

Terms of Payment

1st Term: Number of Children _____ by Cost per Week \$ _____ Payment Date _____

2nd Term: Number of Children _____ by Cost per Week \$ _____ Payment Date _____

3rd Term: Number of Children _____ by Cost per Week \$ _____ Payment Date _____