

WONDERCAMP 2018
GENERAL INFORMATION

Child

First _____ Middle _____ Last _____
 Birth date ____/____/____ Age (as of June 30, 2018) _____ Gender: Male Female Gender Neutral
 Primary caregiver _____
 Street address _____
 Town/City _____ Province _____ Zip code _____
 Email address _____
 Home Phone _____ Cell Phone _____

Emergency Contact

Emergency Contact #1

First _____ Last _____
 Home Phone _____ Work/Cell Phone _____ Email _____
 Relationship to child: _____

Emergency Contact #2

First _____ Last _____
 Home Phone _____ Work/Cell Phone _____ Email _____
 Relationship to child _____

Pickup/Drop off

Please list those people including in addition to parents/guardians who are permitted to pick up your child (please include contact phone numbers)

1: _____ 2: _____ 3: _____

Permission to walk home unsupervised (only available for campers ages 10 and older) YES ___

NO ___

CAMP SELECTION

Name	Age	Time	Dates	Cost*	Choice(s)
Animal Adventure	4- 10	9am – 12pm	July 9-13	\$15	
Masterchef Junior	4- 10	9am – 12pm	July 16-20	\$15	
Festival of Stars	4 - 10	9am – 12pm	July 23-27	\$15	
Masterchef	8 - 13	9am – 3pm	July 30 – Aug 3	\$75	
Girls' Camp	8 - 13	9am – 3pm	August 7-10	\$75	
Channel 11	8 - 13	9am – 3pm	August 13-17	\$75	
Sports camp	8 - 13	9am – 3pm	August 20-24	\$75	
				Total	

*3rd child+ are free, please contact for information *space is limited, first come/ first serve basis

Payment options: Cheque ___ (make payable to Innerkip United Church)

Cash ___

I UNDERSTAND THAT FOR MY CHILD TO BE COMPLETELY REGISTERED, FULL PAYMENT IS REQUIRED AND THAT BABYSITTING CHARGES WILL APPLY FOR AFTER HOUR CARE.

Parent's/Guardian's Initials _____

WONDERCAMP 2018
MEDICAL RELEASE INFORMATION

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 be called?</u>
_____	_____	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: _____

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 **Wondercamp** or **Innerkip United 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 photographed during **Wondercamp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. 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 Wondercamp and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for **Wondercamp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Wondercamp, its paid staff and volunteer members 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. Childrens' photos and quotes may be used for publicity purposes. 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).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

SEND COMPLETED REGISTRATION FORMS TO: Innerkip United Church
PO BOX 137
Innerkip, ON N0J 1M0