



Daycamp Registration Form (One per family)

July 8th - 11th 2019
9:00-2:00pm
(Lunch will be provided)
Sk-Grade 5

Organized by Journey Community Church and Emmanuel Presbyterian Church

Location: Emmanuel Presbyterian Church
3521 County Rd 124 Nottawa, ON
Text: (705) 279-5222
Email: rdp.palmer6@gmail.com
www.collingwoodjourney.com/daycamp
Cost: Free

Child #1 _____

Grade going into Sept. 2019 _____ Health Card _____

Allergies or any other medical concerns _____

Is there a friend your child would like to be in the same group as? _____

Child #2 _____

Grade going into Sept. 2019 _____ Health Card _____

Allergies or any other medical concerns _____

Is there a friend your child would like to be in the same group as? _____

Child #3 _____

Grade going into Sept. 2019 _____ Health Card _____

Allergies or any other medical concerns _____

Is there a friend your child would like to be in the same group as? _____

Child #4 _____

Grade going into Sept. 2019 _____ Health Card _____

Allergies or any other medical concerns _____

Is there a friend your child would like to be in the same group as? _____

Parent/Guardian _____

Street Address _____

City _____ Province _____ Postal Code _____

Home Phone Number _____ Cell Phone Number _____

Email address _____

Persons eligible for picking up children from daycamp

Name _____ Relationship _____

Name _____ Relationship _____

In case of emergency contact _____

Name and phone number

Permission to take your child's photo Yes / No

Are you connected with a church Yes / No

I give permission for the above named children to participate in Kingdom Rock Daycamp at Emmanuel Presbyterian Church. I understand that my child will be participating in activities at this event and I hereby release Journey Community Church, Emmanuel Presbyterian Church, their staffs, and volunteers from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the province of Ontario. Where services are rendered I expect to be contacted as soon as possible.

Parent/Guardian's Signature: _____ **Date:** _____