

St. Demetrius CCG
Faith Break Overnight Camp Registration Form

St. Demetrius
CCG

*****If we register 20+ campers, there will be a rebate offered to all*****
July 15-22, 2018

Family Form (please print a second form if required)

Camper 1

Given Name _____ Family Name _____

Date of Birth (yyyy/mm/dd) _____ Age _____

Gender: Male Female

Camper 2

Given Name _____ Family Name _____

Date of Birth (yyyy/mm/dd) _____ Age _____

Gender: Male Female

Camper 3

Given Name _____ Family Name _____

Date of Birth (yyyy/mm/dd) _____ Age _____

Gender: Male Female

***For the children's safety a recent photo of each child is required to be attached.**

Language: English Ukrainian English & Ukrainian

Address _____

City _____ Postal Code _____ Telephone _____

Parent/Guardian Name

1 _____

Home phone _____ Work Phone _____

Email _____

Parent/Guardian Name

2 _____

Home phone _____ Work Phone _____ Cell _____

Email _____

Alternative/Emergency Contact _____

Relationship to camper: _____

Home phone _____ Work phone _____ Cell _____

Who is authorized to pick up the child?

(Only the names listed will be eligible for pick up)

Health Card Number

Camper 1 _____ Camper 2 _____ Camper 3 _____

Please list any medications per camper (If medication is required consent to administer medication form needs to be completed and staff need to be reminded at drop off, daily)

1. _____
2. _____
3. _____

Please indicate if camper experiences or has experienced any of the following:
Condition (Please indicate Yes/No and Details)

| ***** | Camper 1 | Camper 2 | Camper 3 |
|-----------------------|----------|----------|----------|
| Seizures | | | |
| ADHD/ADD | | | |
| Asthma | | | |
| Diabetes | | | |
| Physical limitations | | | |
| Major Illness/Surgery | | | |
| Other Health Issues | | | |
| ALLERGIES: | ***** | ***** | ***** |
| Nuts | | | |
| Bee Stings | | | |
| Latex | | | |
| Food | | | |
| Other | | | |

Camp Fee per Week (5th camper free)

| Camper 1 | Camper 2 | Camper 3 |
|-----------------|-----------------|-----------------|
| \$600.00 | \$500.00 | \$400.00 |

Please make cheques payable to "St. Demetrius Church Community Group" & deliver/mail to the St. Demetrius Church Office in an envelope addressed: Faith Break Camp Attn: Amanda Maternicki

Please mark the appropriate box below:

- My child/children require transportation to Faith Break Overnight Camp
- I will arrange transportation for my child/children to Faith Break Overnight Camp

Please note that all campers will receive a swim test before entering the lake

Authorizations: In the unlikely event that the participant(s) named above is injured or becomes seriously ill while with the St. Demetrius Church Community Group Faith Break Camp, and I cannot be reached, I authorize St. Demetrius CCG senior staff to seek and authorize any and all hospitalization, medical dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with St. Demetrius CCG Camp programs, it is agreed that the St. Demetrius CCG Camp and its staff and volunteers are released from all liability for injury to the above named participant(s) or for loss or damage to personal property. I grant the release to the St. Demetrius CCG Camp and the affiliated the right to use photographs and/or video tape in which I and/or my child appears for the use in publicity brochures, newsletters, annual reports or any materials and articles promoting the St. Demetrius Camp, its programs and membership.

Signature of parent/guardian _____ Date _____

For Office Use Only:

Camp Fee Paid ___ Amount _____ Cash ___ Cheque ___ # _____ Photo attached YES/NO

Received by: _____ Date: _____