

# 2020 REGISTRATION FORM

TRINITY UNITED CHURCH  
1250 McCraney St. E., Oakville



Name of child: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Age (as of Aug. 1, 2020): \_\_\_\_\_ Birthday and Year: \_\_\_\_\_

Health Card: \_\_\_\_\_ version code: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (name and phone number of person(s) who is to be called IF parents/guardians cannot be reached). Please include the relationship to the camper:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Any allergies including food, environmental, medications, bugs, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any special needs (behavioural, medical, etc.) or concerns the camp director needs to be made aware of (all information is kept confidential and is only shared on a need to know basis with individual leaders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby release the church, its staff and members, and camp staff and volunteers from all claims for damages arising from any incident or injury, which is caused by or arises from participation of the applicant named herein during the camp program. I understand that drop off time is 9:30am and that there is no supervision available before this time. I understand that the pickup time for my child is 3:30pm and accept that there is a late pickup fee \$10 for any portion of the first 15 minutes with \$1 per any portion of a minute, thereafter. I also consent to the capture/recording of photo and/or video of my child that may be used during our church services, in our church newsletter & our church website: [www.trinityunited.com](http://www.trinityunited.com)

\_\_\_\_\_ (Parent/Guardian Signature)  
\_\_\_\_\_ cash \_\_\_\_\_ cheque \_\_\_\_\_ date received (\$60/camper) \_\_\_\_\_ total \$ received