



# SPORTS CAMP REGISTRATION

## July 8-12, 2019

Markham Baptist Church

110 Church St. Markham ON L3P 2M4

Camper Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ T-Shirt Size (please circle): YS YM YL AS AM AL  
mm/dd/yyyy

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

Address: \_\_\_\_\_  
Street # Street Name Postal Code

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

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

I acknowledge and understand there are risks involved with my child's participation in the camp activities, including the risk of physical injury or damage to personal property and I release Scripture Union Canada, Markham Baptist Church, and all sports camp staff and volunteers from liability. I understand that photographs and video recordings may be taken by SU which may be used in publications or promotions and I consent to SU using the images for all stated purposes. *If you have a concern, please speak with the Camp coordinator Heidi Riley before camp and arrangements will be made.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT

Amount:  Early Bird Pricing (\$110.00)  Standard Registration Fee (\$120.00)

Before and after Care  (\$20 dollars per week)

Please make cheques payable to Markham Baptist Church

How did you hear about Sports Camp?

Online  Friend  Church  Flyer/Poster  Other

Comments : \_\_\_\_\_



# SPORTS CAMP HEALTH FORM

July 8-12, 2019

Markham Baptist Church -  
110 Church St. Markham ON L3P 2M4

Camper Name: \_\_\_\_\_

Male

Female

Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

Health Card #: \_\_\_\_\_

## EMERGENCY CONTACT INFO

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

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

## MEDICAL INFO

Please list any allergies that your child may have: \_\_\_\_\_

Please list any health conditions camp staff need to be aware of: \_\_\_\_\_

Please list any medications that your child is currently taking: \_\_\_\_\_

Important Note: If your child requires medication while at camp we ask that you make arrangements to administer the medicine throughout the day. We will not administer any medicine of any type for children at camp.

Are there any other problem's that may affect your child's ability to participate in camp activities?

## DISCLAIMER

I am the legal guardian of the camper with full authority to make decisions with respect to the care, upbringing, and education of the applicant.

I agree that all of the medical information provided on this form is true and accurate – lacking nothing. I hereby release my child to the care and medical discretion of the staff at Scripture Union, Markham Baptist Church and volunteers. In the event of an emergency and that no one can be immediately contacted, my child will be taken to the hospital or a physician to be treated if deemed necessary by one of the camp staff, church staff or volunteers. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_