

# MARKHAM BAPTIST SUMMER CAMP REGISTRATION

July 13-17 9am to 3pm – Ages: 6-13

Markham Baptist Church – 110 Church St. Markham On L3P 2M4

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm/dd/yyyy

Gender:  Male  Female

T-Shirt size (please circle) YS YM YL AS AM AL

Parent/Guardian Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ 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 Markham Baptist Church, and all sports camp staff and volunteers from liability. I understand that photographs and video recordings may be taken by MBC which may be used in publications or promotions and I consent to MBC using the images for all stated purposes. *If you have a concern please speak with Camp coordinator before event to make arrangements.*

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

## PAYMENT

Amount:  Early Bird Pricing  Standard Registration Fee

Please make cheques payable to: Markham Baptist Church

How did you hear about Markham Baptist Summer Camp?

Online  Friend  Church  Flyer/Poster  Other

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

# CAMPER HEALTH FORM

July 13-17 9am to 3pm – Ages: 6-13

Markham Baptist Church – 110 Church St. Markham On L3P 2M4

## EMERGENCY CONTACT INFORMATION

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

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

## CAMPER INFORMATION

Camp Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

mm/dd/yyyy

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

Allergies \_\_\_\_\_

Health conditions camp staff need to be aware of \_\_\_\_\_

Current Medications \_\_\_\_\_

If your child requires medication while at camp we ask that you make arrangements to administer the medicine throughout the day. The camp will not administer any type of medicine.

List any problems 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 the medical information provided on this form is true and accurate. I hereby release my child to the care and medical discretion of the staff at 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**