

Registration Form - Weeklong Day Camp 2019

Name of child: _____

Cost \$75 per child

Address: _____

Postal Code _____ Gender _____ Age _____

Health Card _____ Birth Date ____/____/____

MM DD YY

Does your child have allergies? Yes No

How would you classify these allergies? Mild Major EpiPen

Is your child bringing medication with him/her? Yes No

(If yes, please request a medication form. Please understand that CLA does not dispense any medication to children)

Parent's Name _____

Phone _____ Mobile _____

Work _____

Email _____

Emergency Contact (This should be someone other than the above named parent/guardian, in case they cannot be reached)

Name _____

Relationship to child _____

Home _____ Mobile _____

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our team should be aware of? Yes No

If yes, please explain _____

If your child needs support services, please provide these for the week of camp as we do not have the volunteers to accommodate Thank You for your understanding and support.

Will you allow your child to attend the trip to Americana Water Park, August 22, 2019? Yes No (Children 7 and under must be accompanied by parent/guardian. Please include \$25.00 for yourself and any other family member attending.)

Information received is confidential and is being gathered for the purpose of serving your child while in the care of Christian Life Assembly (CLA). Any medical information collected here serves to authorize CLA, its staff and volunteers to obtain medical assistance in emergencies. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection. I/we, the parents or guardians of child named on this form, authorize the Senior Pastor, Assistant Pastor, or one of the CLA ministry staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for the participant named on this form. I/we, undertake and agree to indemnify and hold blameless the Senior Pastor, Assistant Pastor, ministry staff, Board, and volunteers of CLA from and against any loss, damage, or injury suffered by the participant as a result of being part of the activities of CLA, as well as of any medical treatment authorized by supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of CLA. **Photos** - We will be taking photographs during the week for a slideshow that we will be presenting on Sunday August 25, 2019. We may also post the pictures on our church website. Please let us know if you would not like your child's picture taken.

I have read, understood and agree with the above.

Parent Signature _____

Date _____