

ZION EVANGELICAL MISSIONARY CHURCH
ADVENTURE DAY CAMP JULY 8-12, 2019
Registration Form

GENERAL INFORMATION

Family Name _____ Parent(s)/Guardian Names _____

1) Child's First Name: _____ Gender (M/F): ____ Grade in the fall: ____
 Birthday: (M/D/Y): _____
 Allergy information/Other: _____

2) Child's First Name: _____ Gender (M/F): ____ Grade in the fall: ____
 Birthday: (M/D/Y): _____
 Allergy information/Other: _____

3) Child's First Name: _____ Gender (M/F): ____ Grade in the fall: ____
 Birthday: (M/D/Y): _____
 Allergy information/Other: _____

CONTACT INFORMATION

Home Phone #: _____ Cell # _____

Work Phone #: _____ Other: _____

Which # should be tried first? _____

Email: (Optional) _____

MEDICAL WAIVER AND RELEASE

I hereby release Zion Evangelical Missionary Church of any legal or financial responsibility in case of accident or injury of my child while he/she is involved in any of the activities sponsored or coordinated as part of Adventure Day Camp. This may include, but is not limited to: Transportation and activities during club times. I understand that a program of this nature involves risks, including the possibility of personal injury. I give permission to the staff to administer medical treatment if deemed necessary. Further, I give permission for treatment to be given by a doctor in case of a medical emergency involving my child. All information I have given is complete and accurate to the best of my knowledge.

Parent/Guardian Name (please print clearly): _____

Parent/Guardian Signature: _____ Date: _____

BEHAVIOR POLICY

Adventure Day Camp is an exciting and fun place to be, especially if everyone follows the rules. Our basic rule for all those in attendance can be summarized in one word. RESPECT. This means, respect leaders, respect yourself, and team-mates, and respect the property.

In the event that behavioural issues arise, please see the following disciplinary steps which will be taken.

- Concerns will be discussed with the child
- Expectations will be clarified to make sure the child knows that behaviour change is expected
- The child may be asked to sit out of an activity
- The child will be brought to the camp Director
- Communication will be made with the parents at the end of the day in person or by phone.
- If problems persist, the child will be sent home

PHOTOS AND VIDEO

Please know that photos and videos will be taken during Adventure Day Camp and may be used for future promotional or celebratory use.

I have read, agree with, and have discussed the behaviour policy with my child(ren) listed on this registration form.

Parent/Guardian Signature: _____ **Date:** _____

SELF-SIGNOUT

Only sign below if you authorize your child(ren) to sign themselves out and leave unaccompanied each day of Adventure Day Camp.

I hereby authorize my child(ren) to leave Adventure Day Camp unaccompanied at the end of each day.

Parent/Guardian signature: _____ **Date:** _____

Questions?

please give us a call at 780-941-3923 or email zemc@airsurfer.ca

Zion Evangelical Missionary Church,