



CHILDREN'S REGISTRATION FORM
BARRHAVEN UNITED CHURCH - phone: 613-825-1707

Dates: July 31-August 4, 2017 for ages 4-12 10:00 AM - 3:00 PM

CHILD'S DEMOGRAPHIC INFORMATION

First Name Last Name
Age Birth Date: Year Month Day Female Male
Grade School
Home Phone email
Address City Province Postal code

If possible, please put my child in a group with

PARENT OR GUARDIAN INFORMATION

Names of Parent(s) or Guardian(s):
Barrhaven United Church Member? Yes No
Daytime Telephone: (1) (2)
Alternate Emergency Contact: Phone
email address:

MEDICAL AND SPECIAL NEEDS INFORMATION

Who is in possession of this child's Health Insurance Information?
Name Daytime Phone:
Doctor's Name: Phone:

Camp Awesome is committed to meeting the individual needs of each child to facilitate their full participation in Camp Awesome programming. Any information about physical, emotional, or family issues that could affect a child's participation would be helpful. Please identify any issues, medical (including allergies) or otherwise, about which Camp Awesome staff should be made aware:

If your allergy requires an epipen, Camp Awesome policy requires the epipen be on the child at all times.

CAMP AWESOME IS A "NUT FREE" CAMP.PLEASE PROVIDE A NUT FREE LUNCH FOR YOUR CHILD.

Barrhaven United Church Camp Awesome can lower our fee because of donations of snacks from our congregation. If we are unsure if something may contain traces of nuts/peanuts, your child will be served an alternate on a separate plate. Parents may also provide allergen-free snacks for their child.

Camp is from 10 AM until 3 PM.

(Please complete other side)

TRAVEL INFORMATION

The safety of children is one of the primary concerns of the Camp Awesome program. During program hours we endeavour to maintain the highest possible standards to ensure children in our care are not at risk. Our care and responsibility extends to ensuring that children are returned to an appropriate guardian when our program ends. As a result, parents and guardians are asked to sign their children into the program at the beginning of **EACH** day, and out of the program at its end. Please identify your preference (changes to this section may be made during the camp on a day-to-day basis)

- ☐ Only persons named in the above Parent or Guardian Information Section are authorized to sign out this child
- ☐ Other adults, as named below, are authorized to sign out this child
- ☐ _____
This child is authorized to sign out on her/his own, and to leave the Camp Awesome facility without adult supervision after the daily program has finished.

CONSENT AND WAIVER

I (we) give permission for _____ to attend Camp Awesome with Barrhaven United Church. I understand that while all reasonable precautions will be taken, the host congregation, the Ottawa Presbytery of the United Church of Canada, and its affiliated organizations and individuals will not be held responsible in any way for injuries sustained by my child as a result of his/her participation in Camp Awesome.

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff of Camp Awesome to secure the services of a licensed health care professional to provide the care necessary for my child's well-being. I further understand that photographs may be taken of my child participating in the Camp Awesome program by staff, other parents, or community news agencies. Camp Awesome and its associated agencies are not responsible for the existence or usage of third-party photos.

_____ Please do not publish photographs of my child for the purpose of reporting on or promoting the Camp Awesome program.

Signed: _____ Date: _____

How did you find out about Camp Awesome? _____

Please ensure that all information on this form is complete and accurate before submitting to Cindy Ackison (BucBible.Camp@gmail.com), or the church office. For a list of Camp Awesome congregational partners, contact the Presbytery Office at (613) 224-5318.

Application Received: _____

Payment Received: _____

Fee - \$60 for the first child. \$55 for each additional sibling or cousin. Please make cheques payable to Barrhaven United Church.

Barrhaven United Church, 3013 Jockvale Road, Nepean, ON K2J 4E4

613-825-1707, www.barrhavenunited.org