



Summer Morning Camp Registration Form 2024

Child 1

First Name: _____ Last Name: _____

Age (today): _____ Date of Birth: (dd/mm/yyyy): ____/____/____ Grade: _____

Child 2 (if applicable)

First Name: _____ Last Name: _____

Age (today): _____ Date of Birth: (dd/mm/yyyy): ____/____/____ Grade: _____

Child 3 (if applicable)

First Name: _____ Last Name: _____

Age (today): _____ Date of Birth: (dd/mm/yyyy): ____/____/____ Grade: _____

Address: _____ City: _____ Postal Code: _____

Name of Father / Male guardian: _____ Phone #: _____

Name of Mother / Female guardian: _____ Phone #: _____

Email Address: (Dad) _____ (Mum) _____

Emergency Contact Name: _____ Phone # _____

Emergency Contact's Relation to Camper: _____

Does your child require additional support in the areas of **Physical**, **Learning**, or **Behavioural**?

If so, please explain any diagnosis and how we can help.

Health related conditions: (**food allergies**, asthma, dietary restriction, other conditions)

By signing below, I acknowledge and agree to the following:

- 1) **I am the legal guardian** of the camper named above. **(We will only release children to the legal guardian)**
- 2) I give permission for the camper to be involved in all activities at the DOBC Day Camp (except those noted above). These will include Bible Stories/Teaching, Singing Christian Songs/Choruses, Reading the Bible, and memorizing Bible Verses.
- 3) I release all individuals at Downtown Outreach Bible Chapel who are associated with The Day Camp from any liability associated with any accident or sickness experienced by the camper with the understanding that the Day Camp staff will be taking reasonable precautions to guard against any situation of this nature.
- 4) I give permission for the taking of photos to be put on the Day Camp bulletin board at DOBC, OR for the use in slideshows for the campers and parents/guardians viewing. Any other use is prohibited.
- 5) I understand that the camper(s) named above may be asked to leave the Day Camp if they do not obey the rules.
- 6) I understand that **ONLY** medication that is **absolutely necessary for the health of the children** will be allowed at Day Camp. The leaders will be notified of the medication when the camper is dropped off. If the camper needs assistance when taking the medication, I agree to send written instructions on the use of the medication and written permission for the leader to assist the camper with the medication.
- 7) I further understand that in the event of an emergency, the Day Camp leaders will make every effort possible to contact the people named above at the phone numbers given. If they are unable to contact anyone, I give permission for the Day Camp leaders to take the camper to the hospital for emergency treatment, and I accept any financial responsibility in excess of the benefits allowed by the Provincial Health Plan.
- 8) **I agree NOT to send my child to the Day Camp if they are sick.**
- 9) **I understand that it may be possible that my child would contract Covid 19 or another illness like a cold, etc. during their time at the camp.**
- 10) **I agree to allow my child to walk (supervised of course) to the City of Ottawa, "Gil O Julien Park" for the sports time each day (weather permitting).**
- 11) **IF for some reason my child is tired and needed a ride, I consent to them being driven the 2 blocks from the church to the park.**

Signature of Parent / Guardian: _____ Date: _____