



In case of emergency, when the legal guardian cannot be contacted, please contact (ranked in order):

1. \_\_\_\_\_  
 NAME RELATIONSHIP TO CAMPER

PHONE # (HOME) (WORK #) (CELL #)

2. \_\_\_\_\_  
 NAME RELATIONSHIP TO CAMPER

PHONE # (HOME) (WORK #) (CELL #)

3. \_\_\_\_\_  
 NAME RELATIONSHIP TO CAMPER

PHONE # (HOME) (WORK #) (CELL #)

**REGISTRATION**

**MEDICAL PROBLEMS, BEHAVIOURAL PROBLEMS, ALLGERGIES, AND/OR**

**MEDICATION REQUIRED**

Please specify the nature of the situation below. We have a designated staff member who will contact you prior to the beginning of camp in order to gather specific details to ensure that all needs will be appropriately accommodated for.

<b>FEES</b>	
<b>BASIC RATE</b>	\$77 _____
<b>ADULT SHIRT (\$2)</b>	\$2 _____
<b>LATE REGISTRATION (\$5)</b>	\$5 _____
<b>BUS NEEDED (\$15)</b>	\$15 _____
<b>MINUS FAMILY RATE (\$3/CHILD)</b>	-\$3 _____
<b>TOTAL DUE</b>	\$ _____

**Please send signed registration form along with cheque to...  
 Temple Baptist Church  
 1410 Quinn Dr  
 Sarnia, ON  
 N7S 6M8**

**Phone: 519-542-1427**

**REGISTRATION (one form per child)**

**JULY 12-16 JULY 26-30 AUGUST 9-13 AUGUST 16-20**

(circle one week)

FIRST NAME LAST NAME

ADDRESS APT. # CITY

PROVINCE POSTAL CODE

GENDER (M/F) BIRTH DATE (M/D/Y)

PHONE #

GRADE JUST COMPLETED FIRST TIME? (Y/N) HEALTH CARD #

CHURCH AFFILIATION (if applicable)

**TRANSPORTATION**

- Parents will arrange transportation to and from camp.
- Bus transportation required (additional \$15 fee).

**T-SHIRT SIZE (Y=YOUTH, A=ADULT)**

- Y-MED  Y-LG  A-MED  A-LG  A-XL

**CONCERNS ABOUT LEADERS TAKING PICTURES OF CHILD DURING**

**ACTIVITIES?**  
 (pictures may be published for camp promotion)  No  Yes

**MEDICAL PROBLEMS, BEHAVIOURAL PROBLEMS, ALLGERGIES, AND/OR**

**MEDICATION REQUIRED**  No  Yes (specify on back)

**RELEASE**

I hereby give permission for \_\_\_\_\_ to participate in all Temple Baptist Church Day Camp activities and to receive emergency medical treatment if necessary. I give permission for Temple Baptist Church to transport my child to various field trips outside of the church. I release Temple Baptist Church and all Day Camp leaders/helpers from liability.

NAME OF LEGAL GUARDIAN SIGNATURE DATE

\*CONTINUED ON NEXT PAGE...

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