



2017 SUMMER DAY CAMP REGISTRATION FORM

Please indicate which week(s) camper will be attending

JULY 10—JULY 14 JULY 17—JULY 21

Please complete and return to: Blythwood Road Baptist Church
80 Blythwood Road, Toronto ON M4N 1A4
Fax: 416-487-5099 or E-Mail: office@blythwood.org

PLEASE PRINT —One form per child

PARTICIPANT INFORMATION

LAST NAME: _____

FIRST NAME: _____

BIRTH DATE: DAY _____ MONTH _____ YEAR _____ GENDER: M F SCHOOL GRADE STARTING SEPTEMBER 2017 _____

FAMILY ADDRESS: _____ APT/UNIT #: _____

CITY/TOWN: _____ POSTAL CODE: _____

Yes, I am a returning camper. This is my ____ year at the camp. This will be my first year. I heard about the camp from: _____

Yes, Please put me on the waitlist for the bus . The bus Pick Up and Drop Off at John Polyani Collegiate Institute, Lawrence Heights.

ADULT/PARENT/GUARDIAN

LAST NAME: _____ FIRST NAME: _____

RELATIONSHIP TO CHILD: _____

ADDRESS IF NOT SAME AS ABOVE: _____ APT/UNIT #: _____

CITY/TOWN: _____ POSTAL CODE: _____

HOME PHONE NO.: _____ CELL PHONE NO.: _____

EMAIL ADDRESS: _____ BUSINESS PHONE NO.: _____

EMERGENCY CONTACT PERSON

LAST NAME: _____ FIRST NAME: _____

RELATIONSHIP TO CHILD: _____

EMERGENCY CONTACT PHONE NO.: H/W: _____ Cell: _____

PARTICIPANTS ALERT INFORMATION

Does the participant listed on this form have a disability, medical condition, allergy and or dietary restrictions.

YES NO

DISABILITIES/MEDICAL CONDITIONS: _____

ALLERGIES: _____

DIETARY RESTRICTIONS: _____

SUPPORT REQUESTED WILL ATTEND WITH OWN SUPPORT _____

CARRIES EPI PEN: YES NO CARRIES MEDICATIONS: YES NO

TAKEN FOR: _____

OF NOTE: Personal information is protected under the *Municipal Freedom of Information and Protection of Privacy Act, 1989*. Personal information is collected pursuant to the *Municipal Act, R.S.O. 1990, Chapter M-45 as amended, S. 207, Par. 28*, and will be used to register program participants.

THIS WAIVER MUST BE SIGNED IN ORDER FOR THIS REGISTRATION APPLICATION TO BE PROCESSED:

In the consideration of the acceptance of my application or that of the minor whose name appears thereon, of whom I am the legal guardian, and the permission to participate in a program sponsored by the Blythwood Road Baptist Church, I hereby waive and forever discharge the Blythwood Road Baptist Church (BRBC) its employees, agents, officers and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my / their participation in the program in any location where the program is being held. I acknowledge and agree that BRBC may use photographs of the program and the participants herein for promotional purposes.

Signature: _____

Date: _____

