



**2018 SUMMER DAY CAMP REGISTRATION FORM**  
**CAMP LOCATION: BLYTHWOOD ROAD BAPTIST CHURCH**

**80 BLYTHWOOD ROAD, TORONTO , ON M4N 1A4**  
**www.blythwood.org/index.php/contact**

Please indicate which week(s) camper will be attending

**JULY 16—JULY 20**     **JULY 23—JULY 27**

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](mailto: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 2018 \_\_\_\_\_

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: \_\_\_\_\_

**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 parti Church, I hereby waive and forever discharge the Blythwood Road Baptist Church (BRBC) its employees, agents, officers and elected officials from all claims, damages, 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: \_\_\_\_\_

