



# Registration & Permission Form

July 6-10, 2026 @ Parkhill Sports Complex

CAMPER INFORMATION First First		\$90 .00
First Name:	Last Name:	Gender: M F
Date of Birth: DD/MM/YYYY	Friend Request:	Pool: Shallow Deep
Allergies/Behavioural/Health Info:*		Shirt Size: Youth or Adult
CAMPER INFORMATION		\$80 .00
First Name:	Last Name:	Gender: M F
Date of Birth: DD/MM/YYYY	Friend Request:	Pool: Shallow Deep
Allergies/Behavioural/Health Info:*		Shirt Size: Youth or Adult
CAMPER INFORMATION		\$70 .00
First Name:	Last Name:	Gender: M F
Date of Birth: DD/MM/YYYY	Friend Request:	Pool: Shallow Deep
Allergies/Behavioural/Health Info:*		Shirt Size: Youth or Adult

\*I acknowledge that Five Fun Days volunteers CANNOT administer ANY medications. \_\_\_\_\_ (initial)

FAMILY INFORMATION (please indicate if surname is different from camper)		
Father:	Mother:	Mom Cell:
Address:		Dad Cell:
Email:	Alternate:	
Emergency Contact:	Phone: (different from above)	
Family Doctor:	Phone:	

I/We authorize the administration of any first aid treatment necessary, and in the case of a medical emergency, give permission to the physician selected by the supervisors to hospitalize and secure proper treatment for my child as named above. Every effort will be made to contact parents or guardians before such action.

I/We acknowledge that it is my responsibility to take the necessary steps for insuring against personal injury, property damage, or any loss by my child or by myself. I also acknowledge that I must assume total responsibility for ALL medical coverage, accidental insurance, and personal injury, or any other loss or damage. I will also pay for the cost to have my child sent home if he/she is unwilling to comply with the rules. For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Grace Bible Chapel, its trustees, directors, corporation members, servants, agents, volunteers, and employees from any and all actions, causes of action, claims, and demands whatsoever, whether existing as of this date or in the future.

I/We agree to permit reasonable use of photos, videos, written material, or other images of the applicant student in promoting Grace Bible Chapel and its activities and programs. I also understand that once my child's image/voice is published, that the image/voice can be downloaded or removed by any computer user or holder of physical promotional materials. Therefore, I agree to indemnify and hold harmless from any claims of the following mentioned above.

**I acknowledge that I have read and understand the foregoing prior to signing this Authorization & Release of Liability and/or Release of Material for Promotional Use.**

**Signature of Parent or Guardian:** \_\_\_\_\_

<b>Office Use:</b>					
Payment Type:		Amount:		Date Paid:	Initial:
Cash	Cheque	Other	\$90.00 \$170.00 \$240.00 Other		Notes: