** REGISTRATION FORM**

**July 23-27 2018**

**PERSONAL INFORMATION**

Camper Name: Sex: M ❏ F ❏ Age:

Birthday: Present School:

Recent team:

How did you hear about this camp?

Address:

City: Province: PC:

Parent/Guardian:

Home Phone: Work Phone:

Cell Phone: Email:

Would you like to receive emails about future children’s events: Yes ❏ No ❏

**CAMP INFORMATION**

Camp Date(s): Camp Location:

T-shirt size: YS ❏ YM ❏ YL ❏ YXL ❏ AS ❏ AM ❏ AL ❏

Pick up authorization(s) 1) 2) 3)

**PAYMENT INFORMATION**

Total Cost:

Amount Enclosed:

Remaining Balance:

Payment Method: Visa ❏ MasterCard ❏ Cheque ❏ Cash ❏

Card Holder’s Name: Signature:

Card Number: Expiry Date:

** MEDICAL & PHOTO FORM**

**EMERGENCY INFORMATION**

Camper’s Name: Sex: M ❏ F ❏

Medical Insurance #: Date of Birth:

Emergency contacts: 1) 2)

Emergency contact #s: 1) 2)

**MEDICAL ALERT:**

Have you ever had or do you currently have? (Choose all that apply)

* Seizures Back Problems
* Heart Problems
* Asthma
* Neck Problems
* Fainting Spells
* Nose Bleeds

Have you had any of the following in the last year? (Choose all that apply)

* Head Injury
* Major Surgery
* Overuse Injury
* Fractures

Please list any allergies that you may have:

Please list any medications currently being used: List any other health problems/important information that could jeopardize camp safety:

**PROTECTING YOUR PERSONAL INFORMATION**

Your child’s heath and personal information is collected to ensure the safety and well-being of each person involved in our camp ministry. This information will only be seen by the staff and volunteers of Athletes in Action and partnering organizations and will be kept in a secure place. Please contact Athletes in action or our church for complete privacy policies.

**MEDICAL/VIDEO/STILL PHOTOGRAPHY AUTHORIZATION FORM**

I hereby authorize the staff and volunteers of the Athletes in Action and their partnering organizations to make any and all decisions regarding the emergency treatment of my child. Yes No

I hereby authorize the staff and volunteers of the Athletes in Action and their partnering organizations to take video and still photos of my child during camp. These videos and still pictures will be used on AIA’s website and marketing materials as well as, Youtube and Facebook promotions. I understand they retain the sole right to use photos and video for publicity and advertising purposes. Yes No

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (parent/guardian) have read, understood and agree with the above and hereby release and discharge all parties associated with Athletes in Action from any and all claims, demands, actions, and causes of action, that i/we or my/our child(ren) incur(s).

Signature of Parent/Guardian: