

Camper Registration Form

Camper Name _____

Date of Birth _____ Gender: Male Female

T-Shirt size (please circle) YM YL AS AM AL AXL

Parent/Guardian Name _____

Address _____

_____ Postal Code _____

Home Phone _____ Cell _____

Email _____

I hereby give permission for the above child to participate in all camp activities and to receive emergency medical treatment if necessary. I release Scripture Union Canada, St. George's Anglican Church, Burlington, and all sports camp staff and volunteers from liability.

Parent/Guardian Signature _____

PAYMENT

Amount: \$30/camper per week

Please make cheques payable to St. George's Anglican Church, Burlington

How did you hear about Sports Camp?

Online Friend Church Flyer/Poster Other



SU Camps welcome children with special needs, pending an application process to ensure adequate support is available.

Check here if you require the application form, or download from scriptureunion.ca/everykidcamp

Ready to Register?

Mail or drop off your application
to

St. George's Anglican
Church
4691 Palladium Way
Burlington

Questions?

CONTACT 905-335-6222

www.stgeorgesonline.com

 **scriptureunioncanada**
scriptureunion.ca



St. George's Anglican Church Sports Camp



Aug 4 – 7, 2015



When Aug 4 – 7, 2015
9am – 3pm

Where St. George's
4691 Palladium Way
Burlington

Ages 6 – 11 years old

Cost \$30/week/camper

What's Camp Like?



"I learned lots! The soccer drills were helpful and fun!" – Lily

"I made new friends! Can't wait for next summer!" – Zak



"The coaches were cool!" – Sarah

"Everyday we played soccer, basketball, ball hockey and so many games. Capture the Flag was intense!" – Tommy

"We all got a t-shirt, water bottle, Bible Camper Playbook and tons of freezies!" – Mark



Camp Health Form

EMERGENCY CONTACT INFORMATION

Name _____

Relationship to Camper _____

Home Phone _____

Cell Phone _____

CAMPER INFORMATION

Health Card # _____

Allergies _____

Health conditions camp staff need to be aware of _____

Current Medications _____

If your child requires medication while at camp we ask that you make arrangements to administer the medicine throughout the day. The camp will not administer any type of medicine.

List any problems that may affect your child's ability to participate in camp activities _____

Disclaimer: I am the legal guardian of the camper with full authority to make decisions with respect to the care, upbringing, and education of the applicant.

I agree and comply that all of the medical information provided on this form is true and accurate – lacking nothing. I hereby release my child to the care and medical discretion of the staff at Scripture Union, the church and volunteers. In the event of an emergency and that no one can be immediately contacted, my child will be taken to the hospital or a physician to be treated if deemed necessary by one of the camp staff, church staff or volunteers. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Parent/Guardian Signature _____

Date _____

DON'T FORGET



hat, sunscreen, lunch, running shoes

PLEASE DON'T BRING

Toys, Electronics, Cleats, Balls

Our camps are inclusive!

