

Zonecamps^{NANO} 2010

DAYCAMP (Ages 4-5) Registration Form



Camper Information

Name: _____ Last _____ First _____ Gender: M F

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____ Year | _____ Month | _____ Day Age: _____ Fall 2010 Grade: _____

Campers Email: _____ (If applicable) Home Church: _____ (If applicable)

School Camper Attends: _____

How did you hear about Zonecamps? Church Friend/Family Advertisement Other: _____

Parent/Guardian Name(s): _____

Home Number: (____) _____ Day Phone: (____) _____ Cell: (____) _____

Email: _____

Camper lives with: Both Parents Together Mother Only Father Only Other: _____

Are there custody orders: Yes No (If yes, please submit a copy of the court order)

Emergency Contact: (If Parent/Guardian cannot be reached) Name: _____

Phone: (____) _____ Relationship to Camper: _____

Camper is toilet trained Yes No

Camp Fees

Day Camp (9 to 2)	Dates	Price
<input type="checkbox"/> Zonecamps ^{NANO} (Entering JK/SK in Sept.)	Aug. 3 - 6	\$75.00

Tuck:

\$3.00

\$5.00

Total Fees Payable \$ _____

Arrival/Departure:
 Camp begins at 9:00 am and ends at 2:00 pm each day, unless you are otherwise notified. There will be no extended hours offered for this camp. Exact transportation details (i.e. Who will be picking up the child daily) must be given to the camp director on the first day of camp.

(above fees include all applicable taxes)

Select a T-Shirt size for your child: Youth: XS S M L Adult: S M L	Payment: Make Cheques payable to: West London Alliance Church 750 Wonderland Rd. N London, ON N6H 4K9	Office use only: Payment Made: \$ _____ Method: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash Date Received: _____
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Use of Campers Image: Please sign below to grant Zonecamps, and West London Alliance Church permission to the reasonable use of camp pictures containing your child's image in future promotional materials (brochures, videos, displays).

Parent/Guardian Signature: _____

Medical Information

Camper's Name: _____
First Last

Health Card #: _____ Version Code: _____

Check any of the following that apply:

Eyeglasses Diabetic Epileptic ADD/ADHD Asthma

Does the above named camper have any physical mental or other condition or weakness that might hinder normal participation in camp activities?

(please submit details on separate paper if appropriate)

Will the above named camper be taking any medications while at camp? * Yes No

Name(s): _____

* If yes, you must provide name of medication, dosage and time medication should be administered at time of registration. All medication (with the exception of necessary puffers and EpiPens) will be kept in the camp office and administered by a designated staff person.

Allergies (please list all known allergies):

*if applicable, please list allergic triggers, symptoms and treatment on separate paper.

Will Camper carry an EpiPen? Yes No

West London Alliance Church is not peanut/nut free. We will honour reasonable requests to help children with serious allergies self-manage their condition.

Conditions of Enrollment

1. You have my permission for the above named child to attend Zonecamps and participate in all activities on the property of West London Alliance Church.
2. The parents/guardians submitting this application are those having legal custody over the child.
3. The Camp Directors reserve the right to dismiss any child who in his/her opinion is a hazard to the safety and rights of others or who
4. appears to have rejected the reasonable expectations of the camp.
5. The parent or guardian hereby agrees to reimburse the Camp for any property damage caused by the camper.
6. While every precaution shall be taken to ensure the good welfare and protection of the camper, Zonecamps, West London Alliance Church, its staff and board members, employees and volunteers or facilities outside the church property are hereby released from any and all liability in the event of any accident, illness or misfortune that may occur to the camper.
7. I hereby authorize Zonecamps personnel to handle any medical problem with my child during his/her stay at camp. After making every reasonable effort to contact parents/guardians and emergency contacts named in this registration, permission is hereby given to the physician selected by Camp Directors to provide proper treatment. This may include being removed from the site to a local hospital. The parent or guardian is responsible for any addition expense that might arise from such a service.
8. There will be no reduction of fees for campers arriving late, leaving early, or expelled through disciplinary action.
9. I have read the Zonecamps brochure and application form, have provided true and accurate information and am in full agreement with the conditions of enrollment.
10. All information collected in this registration will be used only by Zonecamps for the specific purpose of providing an excellent summer experience for your child.

Date

Parent/Guardian Signature

Parent/Guardian Name (Please Print)

It is understood that by submitting a camp registration for your son or daughter that you are providing consent for Zonecamps to collect and retain information necessary for Zonecamps to provide a safe, health, fun camp experience for your child and to collect payment for the same.

Registration: Please fill in both sides of this form completely and return to West London Alliance Church with complete fees. Registrations may be mailed to **750 Wonderland Road North London, ON N6H 4K9**. Upon receiving your application, an information package and receipt will be sent to you. If you have any questions concerning Zonecamps Registration, please contact the church at (519) 471-8716. **See you in the Summer!**