Boomerang PA Day Camp 2019/2020 Registration Form

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| For office use only  Payment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_ Cheque \_\_\_\_ PayPal \_\_\_\_\_ |

Harmony Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in Boomerang Day Camp.  This information will be maintained permanently, as it is a requirement of our insurance company, and legal counsel.   If you wish Harmony Baptist Church to limit the information collected, or to view your child's information, please contact us.

**Please select the PA Day Camp(s) that you are registering your child for.**

* Friday September 20th
* Friday November 8th
* Friday November 29th
* Friday January 24th
* Friday March 6th
* Friday June 5th
* All of the above

**Please choose any of the extended care options if required:**

* Before Camp Care (beginning at 8:00 am)
* After Camp Care (until 5:00 pm)

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**CAMPER INFORMATION**

**Name**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Card Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION**

**#1 Parent/Guardian Name**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#2 Parent/Guardian Name (Optional)**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Contact Name**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list the full names of any other people you will allow to drop-off/pick-up your child from camp. For the safety of the campers, staff will only release campers to those on this list with valid photo ID.**

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**ADDITIONAL CAMPER INFORMATION**

**Please list any allergies or medical conditions and any prescribed medications such as inhalers, Epi Pens.**

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**Please list any dietary restrictions for medical or religious reasons.**

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**Please list any physical, emotional or behavioural concerns or limitations that our staff should be made aware of.**

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**Please read the information below before submitting the registration form.**  
I understand that this is a legal agreement and by submitting the registration form, I freely understand and accept that I am giving up certain legal rights. I am aware of and agree to allow my child to participate in the indoor and outdoor activities as part of the day camp. I understand that there are risks involved with participating in indoor and outdoor games and that injury could result. **I freely and fully accept all risks, damages, dangers and hazards, and the possibility of personal injury.**  
   
In the event of an emergency, I understand that it may be necessary to obtain medical treatment/administer first aid and/or transport my child to a medical facility and hereby grant my consent to Harmony Baptist Church to transport my child to the nearest medical facility and assume full liability for any costs related to the treatment and transportation of my child.  
   
I hereby release, indemnify, and hold harmless Harmony Baptist Church and its directors, corporation members, staff, agents, volunteers, members and representatives from: a) any personal injury, accident or damage to the above named child or his/her property; b) any claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise due to the above named child’s participation in the activities; and c) any and all liability for any damage to the personal property of or personal injury to, any third party resulting from the above named child’s participation in the activities.  
 I understand that this is a legal agreement that is bound upon my heirs, executors, my administrators, successors, assigns, and myself. I acknowledge that I have read and understand the terms of this agreement and acknowledge that by submitting this form I am voluntarily agreeing to abide by its terms and conditions and I am waiving certain legal rights that my child or I may have.

Parent/Guardian Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Drop off or mail your completed registration form to:**  
  
Harmony Baptist Church  
1763 Upper James St.  
Hamilton ON L9B 1K7

**Payment Options:**

1. You can send a cheque made out to *Harmony Baptist Church* along with your completed registration form
2. Go to the PAYMENT page and pay by Visa or MasterCard