

REVO LUTION

SABC Fall High School Camp

Registration Form

November 18-20, 2011

Name: _____

Address: _____

City: _____ Grade: ___ Sex: M or F

Postal Code: _____

Email: _____

Home phone #: _____

Health Care #: _____

Allergies: _____

Youth Group (if applicable): _____

Emergency Contact Information

Name: _____

Phone: _____

May we have permission to obtain medical treatment? Yes No

Financial Information

Fees: \$79 (inc. GST) Payment options:

- cheque (made out to SABC)
- mastercard/visa
- cash

Card number: _____

Expiry date: _____

Cardholder name: _____

Signature: _____

Waiver

Camper Name: _____

In light of security and safety issues, we require that you read the following form, check the appropriate boxes, and sign below:

- x I give permission for my child to participate in all camp activities during his/her week of camping this weekend. To the best of my knowledge, my child is in good health. I will notify the camp if my child is exposed to an infectious disease during the three weeks prior to camp. In the case of a medical emergency, I understand every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia, or surgery for my child as named above. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by the Provincial Health and/or Medical Insurance. I understand the inherent risks and dangers of a camp program and will hold harmless the camp and/or its agents for bodily injury or disease sustained by my child during the camp program.

- x I understand that on occasion, pictures are taken for records and promotional purposes. Such pictures are always taken under the supervision of a representative of SABC. I give permission for pictures of my child to be used in this way.

I have read the above and agree to the terms as indicated.

Parent/Guardian's Signature:

_____ Date: _____

** (Required to process application)

Print name: _____

Relationship to camper: _____



Phone: 403.792.3644 Fax: 403.792.3645

Email: registrations@sabc.ca