

NORWICH UNITED CHURCH



Please check your camp selections:

1. July 2-5 - We are Family (Gr. 7-9)	<input type="checkbox"/>	5. July 29 -Aug 2 NUC's got Talent (Gr. SK-6)	<input type="checkbox"/>
2. July 8-12 - Around the World in 5 Days (Gr. SK-6)	<input type="checkbox"/>	6. Aug 5-9 Imaginarium Camp (Gr. 3 and up)	<input type="checkbox"/>
3. July 15-19 - Taste of the World (Gr. SK-6)	<input type="checkbox"/>	7. Aug 12-16 Sports Extravaganza (Gr. SK-6)	<input type="checkbox"/>
4. July 22-26 Exploration Camp (Gr. SK - 6)	<input type="checkbox"/>	8. Aug 19-23 Construction Camp (Gr. SK-6)	<input type="checkbox"/>

*Camp Fees - \$100 per camper/ \$200 family rate

CAMPER INFORMATION

Name: _____

Sex: _____ Birth Date: _____ Grade in September: _____

Address: _____

Church Home: _____

MEDICAL INFORMATION

Health Card #: _____

Doctor's Name: _____ Phone Number: _____

Does your child have any medical conditions? Yes _____ No _____

If Yes, please list: _____

Does your child require any medication? Yes _____ No _____

If Yes, please list (including instructions): _____

Does your child have any allergies? Yes _____ (list below) No _____

Food: _____

Medications: _____

Other: _____

Additional information about your child: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian: _____ Father/Guardian: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone _____ Cell Phone: _____

Email: _____ Email: _____

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EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Phone (day): _____ Phone (other): _____

PICK-UP/ DROP OFF

How will this camper arrive at camp each day? (Car, walking, etc) _____

How will this camper be getting home each day? _____

Who will be transporting this camper home? Please give name(s) and relationship to camper:

Is there anyone who **MAY NOT** pick up/take home this camper? _____

Reason? (i.e. Custody, restraining order, etc.) _____

Comments _____

LIABILITY WAIVER

I approve my child's participation at the Norwich United Church Camp, including any normal camp activities associated with the Camp. I assume all responsibility for any injury, loss, or damage my child might suffer in connection with his/her participation in camp programs. I, for myself and my child, release the Norwich United Church Camp from any claim or action for any injury that my child may incur while attending the Camp.

Signature: _____ Date: _____

PERMISSION FOR MEDICAL TREATMENT

In case of injury or illness at the Norwich United Church Camp, I grant permission to Camp personnel to administer medical treatment, first aid care, or to take my child to a medical clinic or hospital to receive medical treatment. I agree that the Norwich United Church Camp will not be held responsible for any accident or sickness suffered by my child. If, for any reason, my child requires medication beyond that furnished by the Camp, I agree to be responsible for any expenses incurred.

Signature: _____ Date: _____

FIELD TRIP PERMISSION

My son/daughter has permission to attend off-site activities during the Camp. I consent to my son/daughter travelling to such activities by walking in the company of Camp personnel or, where required, traveling by bus or private car.

Signature: _____ Date: _____

PERMISSION TO USE PHOTOS

During Camps, digital media may be taking for media or marketing purpose. If you are willing to have your child participate in film or photo opportunities please sign the image release below.

My son/daughter has permission to be photographed and/or videotaped during his/her participation in Camp activities and grant the Norwich United Church Camp permission to publish my child's pictures/videos on the Camp's website and in presentations, promotional literature, advertising, or in other similar ways.

Signature: _____ Date: _____

Registration fee should accompany this form. Cheques should be made payable to "Norwich United Church Camps". Registration refunds given **NO LATER** than one week prior to the beginning of each camp week.

'Pay when you can' option available. Please contact the Church office.

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Office use only:

Date: _____ Total Amount: _____

Receipt #: _____ Amount Paid: _____

Camp(s): _____ Amount Owing: _____