



2019 REGISTRATION FORM

DESCRIPTION OF ACTIVITIES

My child _____ has my permission to attend UPWARDS! CAMP from July 2-5, 2019 at Ottawa Technical Secondary School, 485 Donald St, Ottawa, ON.

I understand that my child will be participating in a variety of activities such as singing, sports, art, music, and team games, (both indoors and outdoors). I understand that there will be a time of Bible instruction for the campers every day. I understand that while precautions are taken for the safety of all campers, certain activities come with inherent risks (sports, outdoor running games, glue guns or tools for art). I understand that all campers commit to respecting their counselors, their peers, and the provided equipment.

Parent's Signature _____ Phone _____

Date _____ Email _____

FOOD

Every day, lunch and snack are provided. Please register for either the regular menu or the gluten-free menu. No pork will be served. We strive for, but cannot guarantee, a nut-free environment. If your child has any other dietary restrictions, please provide a lunch and snack that they can bring with them to camp.

Menu choice for my child (check one): Regular Gluten-free

END OF DAY

Please indicate how your child will get home at the end of the day (check one):

Walking home Picked up by parent or adult

Please indicate which adults are permitted to pick up your child at the end of the day:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

PROGRAM

My child is _____ years old.

Children between 7-9 years old may follow a different schedule/program than kids ages 10-14.

As in other years, there may be a possibility for an area of focus during the week (art, music, sports, engineering). We will contact you before camp to confirm if this is possible given we are in a new school this year.

* Campers are *not* allowed to switch programs during camp week *

AUTHORIZATION AND MEDICAL CONSENT FORM

Child's Name _____

Address _____

Phone # _____ Parents' Work # _____

Date of Birth (M/D/Y) ____/____/____ Health Card # _____

Family Doctor _____ Phone # _____

Allergies _____

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, please explain. _____

Is your child bringing any medication with him/her? If yes, please list. _____

Parents'/Guardian Name _____

In case of an emergency, contact _____

I/we, the parents or guardians named above, authorize UPWARDS! CAMP to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless UPWARDS! CAMP, and its directors from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of UPWARDS! CAMP, as well as of any medical treatment authorized by the supervising individuals representing the camp. I/we, named above, agree that photography taken during the camp may include the image of the participant named above. Photos showing children's faces will not be used for promotional or website use without additional consent from parents.

Parent/Guardian:
I have read, understood and agree with the above.

Signature _____ Date _____