North Burlington Baptist Church

ATHLETES IN ACTION CAMPS

REGISTRATION FORM

Personal Information

Camper Name: _____ Sex: ❑ M ❑ F

Address: _____

City: _____ Province: _____ PC: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Birthday: _____ Age: _____ Grade next fall: _____

Present school: _____ Recent team played for: _____

Camp Information

Camp Date: August 17-21, 2009 Camp Location: North Burlington Baptist Church

T-shirt size: Youth: S ❑ M ❑ L ❑ Adult: S ❑ M ❑ L ❑

Payment Information

Total cost: _____

Amount enclosed: _____

Remaining balance: _____

I will arrange to come into the office and pay by: Visa ❑ MasterCard ❑ Debit ❑

OR I am including: Cheque ❑ Cash ❑

***Note**: Please complete **both** sides of this form and return to NBBC*

North Burlington Baptist Church • 1377 Walkers Line, Burlington, ON L7R 3X5
905-335-5808 •www.nbbc.ca • info@nbbc.ca

North Burlington Baptist Church

Athletes in Action CAMPS

MEDICAL FORM

Emergency Information

Camper Name: _____ Sex: ❑ M ❑ F Date of birth: _____

Health Card #: _____ Emergency contact: _____

Date of lasts Tetanus: _____ Emergency contact #: _____

Medical Alert

Have you ever had or do you currently have? (Choose all that apply)

❑ Seizures ❑ Neck problems ❑ Back problems ❑ Fainting spells
❑ Heart problems ❑ Nose bleeds ❑ Asthma

Have you had any of the following in the last year? (Choose all that apply)

❑ Head injury ❑ Major surgery ❑ Overuse injury ❑ Fractures

Please list any allergies that you may have: _____

_____

Please list any medications currently being used: _____

_____

List any other health problems/important information that could jeopardize camp safety: _____

_____

Protecting Your Personal Information

Your child's health and personal information is collected to ensure the safety and well-being of each person involved in our camp ministry. This information will only be seen by camp staff and will be kept in a secure place. Please contact our church for our complete privacy policy.

Medical and Photography Authorization

I hereby authorize the staff of the Camp Program to make any and all decisions regarding the emergency treatment of my child. I also understand that they retain the right to use for publicity and advertising purposes, photographs of campers taken at camp.

I _____ (Parent/Guardian) have read, understood and agree with all of the above and hereby release and discharge all parties from any and all claims, demands, actions and causes of action that I/we or my/our child(ren) incur(s).

Signature of Parent/Guardian: _____ Date: _____

North Burlington Baptist Church

ATHLETES IN ACTION CAMPS

SIGN-OUT AUTHORIZATION FORM

Personal Information

Camper Name: _____ Address: _____

City: _____ Home Phone: _____

Due to the variety of possible custody arrangements, please have this form signed by a parent with legal custody or a legal guardian of the above camper. It is recommended that others with legal access to the child be consulted and that the persons listed as authorized/non-authorized not violate any legal custody agreements.

Under "**Authorized Persons**" list anyone (including custodial parents/guardians) authorized to sign out the camper, with their contact information. We recommend that you consider including at least one trusted neighbour who could pick up the camper in case the usual person is unexpectedly unable to do so. At your discretion, you may choose to authorize an older sibling or friend also attending the camp. To authorize the camper to sign him/herself out, please list "self" under "Authorized Persons" and sign your initials.

Under "**Non-Authorized Persons**", list anyone who should not be allowed to sign out the camper where there are concerns in this regard. In the case where a person not listed on this form attempts to sign out a camper, the child will not be released until we are able to contact a custodial parent/guardian (please ensure they are listed as such under "Authorized Persons"). If a specifically non-authorized person attempts to sign out a camper and disputes being refused, a custodial parent/guardian will be contacted immediately and police will be contacted if we are unable to reach a custodial parent/guardian.

Authorized Persons

Name: _____ Address: _____

Relationship to Camper: _____ Phone Number: _____

Name: _____ Address: _____

Relationship to Camper: _____ Phone Number: _____

Name: _____ Address: _____

Relationship to Camper: _____ Phone Number: _____

Name: _____ Address: _____

Relationship to Camper: _____ Phone Number: _____

***Note**: Please complete **both** sides of this form and return to NBBC*

North Burlington Baptist Church

ATHLETES IN ACTION CAMPS

Non-Authorized Persons

Name: _____ Relationship to Camper: _____

Name: _____ Relationship to Camper: _____

Name: _____ Relationship to Camper: _____

Custodial Parent/Guardian

The custodial parent/guardian completing this form must sign below:

Name: _____ Relationship to Camper: _____

Signature: _____ Date: _____