



KIDS CAMP

JULY 15-19, 2019 | 9:30 AM - 12 PM

WILLOW PARK CHURCH, 439 HWY 33, KELOWNA

AGES 4 - COMPLETED GRADE 5

COST: \$35 PER CHILD, \$100 MAX PER FAMILY

FOR MORE INFO & TO REGISTER:

WILLOWPARKCHURCH.COM/KIDS-CAMP

Child's Name: _____

Grade as of Sept/19: _____

Parent/Guardian: _____

Address: _____

City: _____

Province: _____ **Postal Code:** _____

Phone #: _____

Cell #: _____

Email : _____

Please indicate with an X if you DO NOT give consent to the Willow Park Church Kids Team to use photos of your child taken at Camp for promotional purposes in print materials and/or online.

Date of Birth: _____

Care Card #: _____

Allergies/Medications/Limitations

Emergency Contact: _____

For office use only

Payment Information

Paid \$ _____ **Date** _____

Cash **Debit** **Cheque #** _____

TERMS AND CONDITIONS

1. I understand the participation in Camp activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my Child/Ward to participate in Camp activities. I understand that participation in Camp activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I hereby release and indemnify Willow Park Church and the BCMB Conference and all related directors, officers, employees, volunteers, and other organizations associated with Camp activities from any and all claims for damages arising from any accident of injury caused by my Child's/Ward's participation in the Camp activities.
2. I understand that my Child/Ward may experience illness or accident that may require immediate medical or surgical attention. I hereby give the Camp personnel the authority to act on my behalf in case of emergency, including medical treatment, without the necessity of my prior approval (Parent/Guardian will be notified as soon as possible). I understand that I am financially responsible.
3. Where the Camp program involves leaving the Willow Park Church premises, I give my Child/Ward permission to participate.
4. The Parents/Guardians submitting this application are those having legal custody over the Child/Ward. Conditions of custody, if applicable, will be fully communicated, in writing, to the Camp personnel...including a photocopy of the section of any court order referring to the visitation rights.

I, _____ am the legal Parent/Guardian for the Child/Ward named on this form.

Parent/Guardian Signature: _____ **Date signed:** _____