High Power Soccer Registration Form

Callander Bay and South Shore Evangelical Missionary Church July 23 - 27, 2018 | 9 AM to 12 Noon | Callander Community Centre, Swale St, Callander

Registration Fee: \$30.00 per child. *Register by July 9, 2018.*

Please enclose the registration fee along with this form and drop off or mail to Callander Bay Church at 888 Callander Bay Drive PO Box 218 Callander, ON POH 1H0

Full sponsorship available, contact Wilma at 705-495-5152

For more information reagrding camp, please contact office@callanderbaychurch.ca or call 705-752-1649.

| Child's Name: | Gender: |
|---|--|
| Birthday (mth/day/yr): | Child's t-shirt size: |
| *t-shirt sizes: Yxs (4-6) Ysma | ll (6-8) Ym (10-12) Ylg (14-16) Adult sm (16) Adult Lg (18)* |
| Parent/Guarian Names: | |
| Primary Phone #: | Secondary Phone #: |
| Mailing Address: | |
| | ' + 'i ' , |
| Please list any allergies, medical aware of: | l or other special conditions the High Power Team should be |
| | |
| | |
| Special Pick up arrangements: | |
| Emergency contact (when paren | t/guardian can not be reached): |
| Name: | Phone # |
| Relationship to the child: | |



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| Child's | Name: |
|--|--|
| Medica | Information: |
| Family Ph | nysician: |
| Physician | Phone#: |
| | erstand that my child will participate in pysical activities during camp. As with any activity, there is a risk of injury. |
| In the evenunderstancen not be my behalf provide conditions of the | permission for the High Power Soccer volunteers to administer first aid to my child. Int of an emergency that requires medical treatment of the above named child, I and every effort will be made to contact me or my emergency contact. However, if I/we ereached, I hereby authorize High Power Soccer volunteers to obtain and consent on fany emergency services or medical care by a licensed physician or hospital to are necessary for my child's well being. Release: Throughout the High Power Soccer Camp, we take photographs of the taking place. We then use these photographs within the church such as slideshows |
| | de the church to promote the camp (through brochures, website and Facebook ect.). nitial one of the following: |
| 1 | I grant permission to Callander Bay Church / South Shore Church to use my child's photograph for BOTH within the church and outside the church . |
| 2 | I grant permission to Callander Bay Church / South Shore Church to use my child's photograph <i>ONLY within the church</i> . |
| 3 _ | <u>I DO NOT</u> grant permission to Callander Bay Church / South Shore Church to use my child's photograph. |
| Pai | rent/Guardian Name (please print): |
| | Parent/Guardian Signature: |
| | Date: |