

**CALLANDER BAY & SOUTH SHORE EVANGELICAL MISSIONARY CHURCH
HIGH POWER SOCCER CAMP AUGUST 14TH-18TH2017 (9 a.m.- 12 p.m.)**

REGISTRATION FEE \$30- PER CHILD

(Please register before August 1st to guarantee your spot as camp fills up fast)

(full sponsorship is available by contacting the

Camp Director, Wilma Schweitzer @ 705-495-5152)

For more information regarding camp please contact: info@callanderbaychurch.ca

Or visit: callanderbaychurch.ca

PLEASE ENCLOSE THE REGISTRATION FEE ALONG WITH THIS FORM AND DROP OFF OR MAIL TO
THE CALLANDER BAY CHURCH 888 CALLANDER BAY DRIVE CALLANDER,ONT. POH1H0

Child's Name(s)	Birthdate dd/mo/year	T-shirt Size ***	Medical/Allergic Conditions
1.			
2.			
3.			

Parent(s)/Guardian(s): Name: _____
 Address: _____
 Home phone: _____ Cell Phone: _____
 E-mail (**camp notifications only**): _____

Emergency Contact if Parent/ Guardian cannot be contacted:

Name: _____ relationship to child: _____
 Home phone: _____ cell phone: _____
 Name: _____ relationship to child: _____
 Home phone: _____ cell phone: _____

Medical Information: Family Physician: _____

1) I understand that my child/children will participate in physical activities during camp. As with any physical activity, there is a risk of injury.

2) I give permission for High Power Soccer volunteers to administer first aid to my child/children. In the event of an emergency that requires medical treatments of the above named child/children, I **understand every effort will be made to contact me or my emergency contact**. However, if I/we cannot be reached, I hereby authorize High Power Soccer volunteers to obtain and consent to on my behalf any emergency services or medical care by a licensed physician or hospital to provide the care necessary for my child's wellbeing.

Media Release: Throughout the High Power soccer camp, we take photographs of the activities taking place. We then use these photographs within the church such as slideshows and outside of the church to promote the camp (through brochures, website and Facebook). **Please check one of the following:**

- 1) _____ I grant permission to Callander Bay Church/South Shore Church to use my child's photograph for use **both** within the church and outside of the church.
- 2) _____ I grant permission to Callander Bay Church/South Shore Church to use my child's photograph **within the church ONLY**
- 3) _____ I **DO NOT** grant permission to Callander Bay Church/South Shore Church to use my child's photograph.

Signed: _____ Relation: _____ Date: _____

*** t-shirt sizes are Yxs(4-6) Ys(6-8) Ym(10-12) YL (14-16) As(16) AL (18)***