

Health Card Number:

Does this camper have any medical conditions or allergies? If so, please specify...

Does this camper have a physical, emotional, mental, or behavioural concerns or limitations? If so, please specify...

Emergency Contact Name and Relation to Camper:

Phone: [C]_____ [H]_____

Please Sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways : Brochures/Promotional material, Church Website, Newsletters, and/or Videotaping

*I hereby have read and understood the rules and releases on this form.

Parent/Guardian (Printed) : _____

Signature _____ Date: _____



Vacation Bible Camp Summer 2017

Ages 6-12 | \$50/week

July 4-7 July 10-14 July 31-August 4

LUNCH PROVIDED

Dovercourt Baptist Church

1140 Bloor St W
Toronto, ON M6H 4E6
(416) 536 - 4000
www.dovercourtbaptist.org

Schedule

9:30 AM - 12PM: VBS PROGRAM
12PM - 12:30PM: LUNCH
12:30PM - 3PM: AFTERNOON PROGRAM
3PM PICK-UP

EXTENDED CARE AVAILABLE...

8:30AM - 4:30PM Additional \$20

WHAT TO BRING...

- SUNSCREEN AND WATER
- RUNNING SHOES
- SWIMSUIT (WHEN APPLICABLE)

WHAT NOT TO BRING....

- ELECTRONICS (or other valuables)

DBC VBS IS NOT RESPONSIBLE FOR LOST/STOLEN ITEMS

Registration

Camp Cost \$50/Week

NAME: _____ Age: _____

Date of Birth: _____ Gender: _____

ADDRESS: _____

PHONE: [C] _____ [H] _____

PERMISSION:

I hereby give my child _____, as described above, permission to participate in the field trips and other activities of the Dovercourt Baptist Church Day camp, and have authority to do so.

RELEASE OF LIABILITY:

I understand that some day camp activities such as sports inherently involve some risk of personal injury to the participants. I also understand that the camp will take all appropriate steps to minimize the risk. In order for my child to participate, I hereby agree to waive all responsibility of the camp for any unforeseen injury that might occur while participating in the activities of the camp.

Signature of Parent/Guardian: _____

Date: _____

Check week(s) which applying for (\$50/week):

- July 4-7
- July 10-14
- July 31- August 4

Extended Care (\$20): _____

[Y / N]

Shirt Size: _____

CASH/CHEQUE: _____