



**Registration Form**  
**St. George's Kid's Camp**  
60 Guelph Street, Georgetown, ON  
905-877-8044

**Cost: \$35.00 per child**

**July 8-12, 2013**  
**Fun for children ages 4 – 9**

Child's name: \_\_\_\_\_ Gender: M  F

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Home email address:** \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

T- Shirt Size:  Small  Medium  Large

Siblings in program: \_\_\_\_\_ Friends in program \_\_\_\_\_

In case of emergency (when parent/guardian cannot be reached) please contact::

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Known allergies or medical concerns: \_\_\_\_\_

Medications \_\_\_\_\_

Health card number: \_\_\_\_\_

Person responsible for picking up this child at the end of each VBS day:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**Complete Photo Release on back of form, please.**

### Photo Release Permission Form

I hereby grant permission for photographs of myself and the child(ren) in my care at any of the above churches mentioned in the Anglican Diocese of Niagara for programs to be used by the organization for public display to promote St. George's Church. I understand that these photos may appear in forms such as display panels, website and social media and I agree that I am to receive no compensation for my family's appearance. I also understand that I have no ownership rights to the photographs or images whatsoever.

Full Name: \_\_\_\_\_

Child(ren)'s Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will be notified by e-mail with dates and details of St. George's Kid's Camp.

***For Office Use:***

Cost per child:       \$ 35

Paid by:               Cash                       Cheque