



FOR AGES 6 – 13

For children under the age of 5 a separate registration form is available at www.oakleatschool.ca

Registration Form

(All information on this form will be kept confidential)

CHILD INFORMATION

Name: (Last) _____ (First) _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Other Phone: _____

Birthdate: _____ Age: _____ Male/Female _____ School Grade Completed: _____

Health History

Ontario Health Card #: _____

Any health concerns, allergies, etc.: _____

Swimming Ability (include level if applicable): _____

CONTACT INFORMATION

Parent 1 (Primary Contact): _____

Parent 2 (if applicable): _____

Street Address (if different from above): _____

City: _____ Postal Code: _____

Home Phone #: _____ Work Phone # (Primary Contact): _____

Emergency Contact (if other than Primary Contact): _____

Phone #1: _____ Phone #2: _____

Other Contact (Parent 2, Relative, Friend): _____

Phone #1: _____ Phone #2: _____

We would request that your child refrain from bringing anything containing peanuts!

Release Forms:

Medical Release

I grant permission for emergency medical treatment in the event that I cannot be reached.
I understand that all reasonable precautions will be taken to prevent personal injury, property loss or damage.
I voluntarily agree to assume the risk and waive any right of action I may have against River Oaks Community Church or Summer Explosion Day Camp, and it's associates for any personal injury, property loss or damage caused by negligence on the part of River Oaks Community Church, it's agents, employees or volunteers.
I have read and understand the above and hereby grant permission on these terms for my child to participate in the summer camp program from June 29, 2009 to August 29, 2009.

Parent Signature

Date

Pick up/Walk Home Form

Please list the names of the people other than yourself who have permission to take your child home, or if you wish your child to walk home by him/herself please check the box and sign below.
Please understand that as a camp we have no authority or responsibility for your children before 9:00 am every morning (unless otherwise specified) and after 4:30 pm every afternoon (unless otherwise specified).

I give permission for my child to be picked up by the following people:

OR

I give permission for my child to walk home alone after camp is finished for the day.

Parent Signature

Date

Local Off Ground Permission Form

"Off Ground" includes all local areas (swimming pools, library, restaurants, community center, parks etc.)
Dates: June 29, 2009, to (and including) August 29, 2009.

I grant permission that all reasonable precautions will be taken to prevent personal injury, property loss or damage.
I understand that any recreational activity involves risk to my child of personal injury, property, loss of damage.
I voluntarily agree to assume the risk and waive any right of action I may have against River Oaks Community Church or Summer Explosion Day Camp or its associates for any personal injury, property loss or damage caused by negligence on the part of River Oaks Community Church, its agents, employees or volunteers.

Parent Signature

Date

Volunteer Availability:

If you are available to travel with the group as a volunteer to one or more of the major sites on a Wednesday trip please indicate below. A current Police Check must be on file with us for all parents/guardians who serve as volunteers.

*Thank you for your time and patience in the completion of this form.
We look forward to serving your child this summer!*