

Waiver Form

I, _____ (the PARENT),
am the parent/legal guardian of _____
(the CAMPER), who has my permission to attend and participate in summer camps
run by Clarkson Community Church (CCC) located at Clarkson Community Church.
THE CAMPER hereby agrees to abide by the behavioral guidelines for the camp
and the parent agrees that in the event that the CAMPER fails to comply with the
guidelines or behaves in such a way as is likely to cause damage or injury to persons
or property while at camp, the CAMPER may be sent home at the parent's expense
and the parent shall be responsible for any costs incurred in rectifying any damage.
I also agree to pay additional care costs if my child is not picked up by 3:30 pm, as
stated in camp policies unless registered for extended care.
THE PARENT hereby authorizes the administration of any first aid treatment that may
be deemed necessary by any of the CCC staff. In the event of a more serious medical
emergency affecting the CAMPER, the staff shall make all reasonable efforts to
contact the parent. Where attempts to contact the parent are not successful or
are not feasible due to the urgency of the situation, the staff are hereby authorized
to obtain the services of a licensed physician and to secure appropriate treatment
for the CAMPER. The parent hereby confirms that the CAMPER is covered by OHIP or
equivalent medical insurance.
I GIVE THE CAMPER PERMISSION to travel to Lewis Bradley pool and all parks on foot,
and to swim at this pool, over the course of the summer, as well as to travel by
bus on any field trips during camp, provided I am given notice of the destination and
time of the trip which will be included in the newsletter on the first day of each
week of camp. In the event that the parent does not receive the weekly newsletter,
it is the parent's responsibility to contact the camp to obtain a copy thereof.
I authorize my child's name, date of birth, gender and postal code being given to
Canadian Tire Jumpstart Foundation as part of summer camp funding they provide
to keep the cost of camp down. No contact information will be given.
THE PARENT AND THE CAMPER hereby acknowledge that there are inherent risks
involved in the travel and other activities which comprise the camp, and voluntarily
elect to assume said risks as their sole responsibility. The parent and the CAMPER
hereby release Clarkson Community Church and their pastors, leaders, trustees,
servants, agents, employees, and volunteers from any and all liability, claims,
damages and costs for loss, personal injury, accident, misfortune or damage to the
CAMPER or his/her property while participating in events sponsored by CCC.
I HEREBY UNDERSTAND that all Saga camps are Christian camps where CAMPERS
will participate in Bible lessons and/or discussions. I authorize the use of any
photos taken over the duration of the camp for non-profit promotional purposes
in the future.
I ACKNOWLEDGE having read and understood each of the foregoing provisions and
camp policies and agree to abide by the terms of this agreement, authorization and
waiver.

Parent Signature _____ Date _____

REGISTRATION FORM

CAMPER NAME (first) _____ (last) _____

ADDRESS (inc. apt #) _____

CITY _____ POSTAL CODE _____

BIRTH DATE: ____ / ____ / ____ (MM/DD/YYYY) GENDER: M / F

HOME PHONE _____ GRADE COMPLETED _____

HEALTH CARD NO. _____ (completed by June 2019)

☐ New Camper ☐ Returning Camper (please check one)

Does the applicant use an epi-pen or have any special needs including
emotional, behavioural, physical, allergic, medication, or other concerns?

(please circle) **YES / NO.**

If "Yes", please attach a note of explanation.

GUARDIAN NAME _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

ALTERNATE EMERGENCY CONTACT

NAME _____

DAYTIME PHONE _____


RELATION TO CAMPER _____

SIGN OUT INFO

Can the camper stated above walk home alone? (circle) **YES / NO** ____ (Initial)

List the names of any additional adults who have your permission to sign your
child out. (any names not on this page will be unable to sign the camper out
without parental permission.)

Photo ID will be required to sign out campers.

 <p>*A 4-day week</p>	SAGA DAY CAMP COMPLETED Grades 1-4 Cost: \$70/wk (\$50 if you live in L5J)	SPIN CAMP COMPLETED Grades 5-7 Cost: \$70/wk (\$50 if you live in L5J)	Optional Extended Care \$100/wk or <u>Only Mornings: \$50/wk</u> (7:30 to 9:30 am) <u>Only Afternoons: \$50/wk</u> (3:30 to 5:30 pm)		NEW! Sports Program \$10/wk Afternoons: 1-3 pm Any Spin or Day Camper may participate (see next page for details)
	Please check off ✓	Please check off ✓	Please check off ✓ A.M. P.M.		Please check off ✓
	WEEK 1: July 2-5*				___ Basketball
	WEEK 2: July 8-12				___ Soccer
	WEEK 3: July 15-19				___ Ball Hockey
	WEEK 4: July 22-26				___ Basketball
	WEEK 5: July 29-Aug 2				___ Soccer ___ Cheerleading
	WEEK 6: August 6-9*				___ Ball Hockey
WEEK 7: August 12-15*				___ Olympics	

While we charge \$70 for Day Camp and Spin Camp, the actual camp costs us \$140 per week to run.
 If you wish to make a donation beyond your camp fee please indicate the amount below:

TOTAL # OF WEEKS →		TOTALS	Grand Total: \$ _____ <i>Please Circle:</i> CHEQUE or CASH THANK YOU <i>for making cheques payable to:</i> Clarkson Community Church
Total number of weeks Saga Day Camp:	wks x \$70 (\$50 if you live in L5J) =	\$	
Total number of weeks Spin Camp:	wks x \$70 (\$50 if you live in L5J) =	\$	
Total number of weeks Sports Program:	wks x \$10 =	\$	
Extended Care, mornings and afternoons:	wks x \$100 =	\$	
Extended Care, mornings only:	wks x \$50 =	\$	
Extended Care, afternoons only:	wks x \$50 =	\$	
*PLUS my Donation (optional):	\$	\$	

*PLEASE MAKE THIS DONATION GO TOWARD THE TOTAL COST OF RUNNING SAGA SUMMER CAMPS. DONATIONS WILL BE GIVEN A TAX RECEIPT.

OFFICE USE ONLY: Payment received by _____ Amount \$_____ Date _____
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