

# QU'APPELLE CAMPS 2018

## Camp Registration Form

### Anglican Diocese of Qu'Appelle



### Camper Information

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age [at time of camp]: \_\_\_\_\_

Gender:  Male  Female

Address: \_\_\_\_\_  
\_\_\_\_\_

The Camp I am attending is:

Juniors Camp (ages 6-12) – July 25 – 29 (Wednesday-Sunday)

Teens Adventure Camp (ages 13-17) – August 13 - 17 (Monday-Friday)

### Parent/Guardian Information

Name of Parent or Guardian: \_\_\_\_\_

Phone Number(s) Home \_\_\_\_\_ Work \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Alternative Emergency Contact

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

Relationship to camper: \_\_\_\_\_

Phone Number(s) Home \_\_\_\_\_ Work \_\_\_\_\_

Contact Email: \_\_\_\_\_

# Consent and Additional Information

## 1. Medical

Medical / dietary conditions that retreat staff should be aware of: (Food restrictions, Allergies, Medications etc.)

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Medical Healthcare Number \_\_\_\_\_

## 2. Use of images

If you are willing to allow images of your young person to be used by the Diocese of Qu'Appelle for promotion or advertising please complete the section below. (Leave blank if you do not want any images of your young person used.)

I, \_\_\_\_\_, hereby consent for any  
Name of parent/guardian

photographs of \_\_\_\_\_ to be used by the  
Name of camper

Diocese of Qu'Appelle for the purpose of promotion or advertising.

## 3. Consent to attend

I authorize \_\_\_\_\_ to attend and participate in  
Name of camper

(circle one) Juniors / Teens Adventure Camp run by the Anglican Diocese of Qu'Appelle on \_\_\_\_\_  
Dates of camp

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

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

Please mail or email this form along with payment to Julie Moser ([Julie.moser@sasktel.net](mailto:Julie.moser@sasktel.net)) 1501 College Ave, Regina SK S4P 1B8.  
[Cheques payable to Diocese of Qu'Appelle]