

Echo Lake Bible Camp
Arctic Adventure Day Camp 2016
Registration Form

Child's name: _____

Boy
 Girl

Birthdate: ____/____/____

Mailing Address: _____
Province: BC Postal Code: VOJ 1P0

Parent/Guardian with whom child is living: _____

Home Phone: _____ Other: _____

Emergency Contact: _____

Home Phone: _____ Other: _____

Child's Medical Insurance Number: _____

PLEASE NOTE ANY PHYSICAL, EMOTIONAL OR BEHAVIOURAL
CONDITIONS OR ALLERGIES WE SHOULD BE AWARE OF BELOW. INCLUDE
ALL PRESCRIPTION DRUGS:

I, the guardian, give permission for the above child to be cared for by the staff of Echo Lake Bible Camp and to provide any emergency medial care that might be necessary. I will be notified if any serious medical situation arises.

I permit the use of photographs of this child in promoting camp or camp activities or programs.

I would like to receive camp-related materials such as summer camp brochures in the mail.

Signature of parent/guardian: _____

Relationship to child: _____ Date: _____