



## Day Camp Registration Form

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Please select the camps you would like to register for:

July 3-7 (Sports Camp 1)

July 10-14 (Music Camp)

July 17-21 (Arts Camp)

July 24-28 (Science Camp)

July 31-August 4 (Sports Camp 2)

### Personal Information:

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies (Please list): \_\_\_\_\_

### Contact Information:

Caregiver Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\* Please ensure the emergency contact must be different from the caregiver contact!

## Photo Documentation Consent (Optional):

Documenting the Summer Camp activities is part of the Salvation Army's program. Occasionally, with consent, your child's picture may be taken. Pictures taken will be used only by the Salvation Army.

I, \_\_\_\_\_, consent that photos may be taken of my child as they take part in the Salvation Army Summer Camp activities.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### Waiver:

In consideration of the acceptance of my application for the above program, I release the Salvation Army from any claims for personal injury, property damage, etc. that may occur as a result of my child's participation in the camp events (including field trips). It is understood that recreational activities involve an element of risk or danger for unintended accidents, and by understanding such risks, I hereby assume those risks.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

***Thank-you for your interest in the camp! For any further questions contact Courtney Harris at (519)-745-4241(ex.223) or [summercamp.pcrc@gmail.com](mailto:summercamp.pcrc@gmail.com).***