

New Beginning Church Registration

Soccer Camp

Full Day Soccer Camp: August 14th-18th
Camp is 9:00am-3:00pm
Cost: 79\$/child (59\$ for second child, 39\$ for third)
Price raises to \$99 after August 7th

Please make all necessary arrangements for payments before the commencement of the camp. Cheques may be made out to 'New Beginning Church.' All payments must be received before the first day of camp. No refunds available for cancellations.

To register please continue by:

1. Phone: 613-446-7586
2. Online www.newbeginning-church.com
3. E-mail: camps@newbeginning-church.com
4. Mail completed registration form to:
New Beginning Church

Personal Contact Details

Family Name/s: _____ Name of Child/s _____

Date of Birth (D/M/Y): _____ Age: _____ Gender: M or F

Address: _____

Parent/ Guardian: _____

Phone: _____ Mobile: _____ Email: _____

Alternate Emergency Contact

1. Name _____ Relationship to Child: _____ Phone: _____

2. Name: _____ Relationship to Child: _____ Phone: _____

Please give details (name, address and phone number) of other persons who you authorize to collect your child/ren in your absence, while in care of the above need group:

1. _____ 2. _____

Are there any family situations we should be aware of? Eg: Custodial issues, other matters (please specify)

Children's T-shirt size (S,M,L): _____

Privacy Information

All the information recorded on this form is collected and managed in accordance with the New Beginning Church privacy policy. This information has been collected for the primary purpose of New Beginning Church and may be used for any activities conducted or promoted by the New Beginning Church.

If you do not want this information to be used for any other purpose other than Children's programs, please notify us in writing: New Beginning Church. Unit 195, 928 Laporte st. K4K1M7

Please Complete Reverse Side

Permissions

I consent to my child taking part in the approved program of activities for the Soccer Camp 2017. I consent to my child viewing VHS tapes or DVD's rated (G) general. I understand that all material will be previewed by a leader to check suitability. I give my permission for my child to be photographed or videotaped. I understand that the image maybe be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will nit be published or liked with photographs.

Signed: _____ Date: _____

I consent to my child taking part in going across the road to the splash pad at Simon Park across from the YMCA and L'escale in the event of hot weather and high humidity.

signed: _____ Date: _____

Confidential Medical Report

The Information below is requested to assist in case of any illness or accident. This information will be held in confidence.

1. Please tick if your child suffers from any of the following

- | | |
|---|--|
| <input type="checkbox"/> Heart Condition; | <input type="checkbox"/> Sleepwalking; |
| <input type="checkbox"/> Blackouts; | <input type="checkbox"/> Diabetes; |
| <input type="checkbox"/> Asthma; | <input type="checkbox"/> Other (please specify) |

2. Is your child presently taking medication? Yes / No If yes, please state the name of the medication, dosage, etc.

_____ Does your child self administer? Y/ N

3. Is your Child allergic to:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Bees Stings |
| <input type="checkbox"/> Other drugs or food (please specify) | |

4. please list any physical or special needs: (e.g. Dietary Requirements) _____

I authorize the leader/s in charge of the above mentioned group where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the leader/s may deem necessary at any time during the activities of New Beginning Church. I further authorize the use of ambulance and/ or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I appreciate that every care will be taken by the leaders and those connected with that group cannot be held responsible for personal injury, loss or theft of property affecting my child.

Signature of Parent or Guardian

Name: _____ Date: _____