

St. Paul's Presbyterian Church
5750 King Road, Nobleton
905-859-0843

Parent/Guardian Information Sheet and Permission Form

We protect and respect your privacy. Your personal information is kept confidential and is used within our church only for the safety and execution of our programs and to communicate with you. We do not provide or sell this information outside of St. Paul's.

Event: Camp WannaknowGod
Date: July 8 to: July 12, 2019
Time: start: 9:00 a.m. end: Noon
Location: St. Paul's Presbyterian Church, 5750 King Road, Nobleton, LOG 1N0
E-mail: donna@tdmarchand.com

Full Name of Participant: _____
First Last

Parents/Guardian's Names: _____

Participant's Date of Birth: _____ Grade Completed: _____

Full Address: _____

Home Phone: _____

E-Mail: _____

Home Church (if any): _____

How did you hear about Camp WannaknowGod? _____

Does your child have any severe allergies or medical conditions?
_____ Yes _____ No

If yes, please list and explain: _____

Does your child require additional support? _____ Yes _____ No

Please explain: _____

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone: _____

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, St. Paul's Presbyterian Church, its staff and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me, should such a situation occur.

Parent/Guardian Signature: _____

Parent/Guardian Name (Please Print): _____

Photo Release

Pictures will be taken this week during our program. These pictures may be displayed in various ways. The group picture may be published in the local paper and is sent out to all participants after camp. While we **do not** use names or identifying information, your child may be featured in these pictures.

I give permission for pictures of my child to be used in presentations during the Worship gathering at St. Paul's Church (please initial)

Yes: _____ No: _____

I give permission for pictures of my child to be used on St. Paul's Church's website (please initial):

Yes: _____ No: _____

I give permission for pictures of my child to be used for the promotion of St. Paul's activities (please initial):

Yes: _____ No: _____

I give permission for my child to be in the group photo that may be published in the local paper and will be sent out to all participants after camp. No individual names will be published (please initial):

Yes: _____ No: _____

Signature of Parent/Guardian/Caregiver

Date: _____

Relationship to child/ward: _____