



**St. Paul's Church**  
5750 King Road, Nobleton, ON L0G 1N0  
905-859-0843 secretary@stpaulsnobleton.ca

**PARENT/GUARDIAN INFORMATION AND PERMISSION FORM FOR BIBLE FUN CAMP**

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

**Event:** St. Paul's Bible Fun Camp  
**Date:** July 6 to 10, 2020  
**Time:** 9:00 a.m. to 12:00 noon  
**Location:** St. Paul's Church, 5750 King Road, Nobleton  
**Email contact:** Kim Newediuk, knewediuk@gmail.com

Participant's Last Name: \_\_\_\_\_ Participant's First Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Full Civic Address: \_\_\_\_\_  
\_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Church (if any): \_\_\_\_\_

How did you hear about Bible Fun Camp? \_\_\_\_\_

Does the participant have any severe allergies or medical conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If 'Yes', please list and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant require additional support? \_\_\_\_\_ Yes \_\_\_\_\_ No

If 'Yes', please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact person, **other than parent or guardian**, in case of emergency and parents/guardians cannot be reached:

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

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

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian name (please print): \_\_\_\_\_

### PHOTO RELEASE

*Pictures will be taken during Bible Fun Camp. These pictures may be displayed in various ways. The group picture may be published in the local newspaper 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 participating 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 participating child to be used on St. Paul's Church website.

Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for pictures of my participating child to be used for the promotion of activities related to St. Paul's Church.

Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for my participating child to be in the group photo that may be published in the local newspaper and will be sent out to all participants after Camp. No individual names will be published.

Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to participating child: \_\_\_\_\_

