

## DAY CAMP ON WHEELS 2023

## JULY 17 – 21

## **8** AM TO 3 PM REGISTRATION AND CONSENT FORM

Child's Name:	Age:	Grade:	
Health Card # (optional):			
Allergies / Medical Conditions:			
Child's Name:	Age:	Grade:	
Health Card # (optional):	_		
Allergies / Medical Conditions:			
Child's Name:	Age:	Grade:	
Health Card # (optional):			
Allergies / Medical Conditions:			
Parental / Guardian Information			
Name(s):	Rel	ationship:	
Home Phone #	Ce	l#	
Address			
Postal Code	Email		
Signature			
Emergency Contact (if different from p	arent/guardian)		
Name(s):	Rel	ationship:	
Home Phone #	Cal	#	

CONSENT	
	to attend the Day Camp on Wheels event and, d in any group activity, I will not hold Westdale Park Free Methodist ff or volunteers liable for any injury or permanent loss to my child.
Initials	
transportation to and from Wesley Ac	ride and that Martin's Bus Service is responsible for my children's res campground. Understanding that there is risk involved in any estdale Park Free Methodist Church, Wesley Acres or the staff and anent loss to my child.
YES, you may transport my child	NO, you may not transport my child
responsibility to notify Westdale Park roped off area that is suitable for swim rope. Parents are encouraged to send one. Westdale Park Free Methodist Cl	nvolves swimming and that if my child requires assistance, it is my Church of this. It is also my understanding that the beach has a mers of all levels and that my child will not be allowed to cross the floatation devices (i.e. water wings, lifejackets) if their child needs nurch staff and volunteers will supervise my child in the water and le for swimming, Westdale Park Free Methodist Church staff and ne beach.
YES, my child is permitted to swir	n NO, my child is not allowed to swim
of a medical emergency involving transportation to a doctor or medical	Park Free Methodist Church will attempt to notify me in the event my child. In the event of a medical emergency, I authorize facility. I give permission to the doctor or health-care professional sary to treat my child. I will take responsibility for any medical or
YES, I agree	NO, I do not agree
•	participants both individually and in group settings. Do you allow ale Park Free Methodist Church? An example of their use may be in
NOTE: Names will never be included w	rith the photo of your child.
YES, you may use my child's photo	NO, you may not use my child's photo

Signature of parent/guardian \_\_\_\_\_\_ Date \_\_\_\_\_

other than the name(s) listed, please inform the Registrar.

NOTE: For your child's safety, if you have made arrangements for your child to be picked up by someone

Return Registration form to 7 Richmond Park Drive, Napanee ON K7R 2Z3, Phone: 613-354-2669 or email to info@westdaleparkchurch.ca by Friday, July 7th as space is limited. Payment can be made by cash or cheque to Westdale Park Church or e-transfer to treasurer@westdaleparkchurch.ca (please put Day Camp in the notes)