

# St. Ann's Faith Camp

Deadline for registration is Sunday, June 25<sup>th</sup>.

## PERMISSION FORM & AUTHORIZATION FOR MEDICAL TREATMENT

*This information is collected and protected by the Youth Ministry Office in accordance with the Personal Information Protection Act, and will only be used for our Faith Camp registration and emergency medical purposes.*

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of (Participant- First and Last Name) \_\_\_\_\_ in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

This release is intended for July 4<sup>th</sup> to July 7<sup>th</sup>, 2017. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed \_\_\_\_\_  
(PRINT NAME Parent /Legal Guardian) (Signature) (Date)

\_\_\_\_\_  
(Address) (City) (Postal Code)

Participant B.C. Care Card Number: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Specific medical or food allergies, chronic illnesses or other condition, and any current medications:

Person(s) to contact in case of emergency:

Option #1: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Option #2: Name \_\_\_\_\_ Phone \_\_\_\_\_

While the Youth Ministry Office staff, the organizers, and volunteers will take reasonable steps to prevent injuries to your child, some degree of risk is inherent in the nature of activities, and may occur without fault on the part of your child. By allowing your child to participate in this event, you are agreeing that the event described above is suitable for your child and that there is a risk of injury associated with this event.

The undersigned parent/ guardian of \_\_\_\_\_, a minor, hereby releases and agrees to hold harmless the above named parish/ school or any of its advisors, chaperones or persons connected with the event from any liability, claims, damages for personal injury, property loss/ damage which may result during *Faith Camp at St. Ann's Parish*, on July 4<sup>th</sup> – 7<sup>th</sup>, 2017.

**Photography Disclaimer:** During the event pictures will be taken for youth ministry promotional purposes for future Faith Camps, and other advertisements for the various programs and events here at St. Ann's Parish. By signing below you give permission for your child's photo to be taken and used for promotion of St. Ann's Youth Ministry Department.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2017

\_\_\_\_\_  
Signature of Parent / Legal Guardian

**Please refer to the back for more information and registration.**

# At St. Ann's Parish

## July 4<sup>th</sup> to July 7<sup>th</sup>, 2017

We are happy and excited that you are joining us as part of our *Faith Camp*. The camp will take place at St. Ann's Parish Centre from July 4<sup>th</sup> to the 7<sup>th</sup>, starting at 9 AM (sign-in starts at 8:30 AM) and finished at 12:30 PM (with sign-out). There are three age groups: from 3 to 4, 5 to 7, and 8 to 10.

- Please bring sunscreen since many of our activities will be taking place outside.
- The registration fee is \$30 for one child or \$60 for two or more flat rate.
- Please make sure your children eat breakfast each morning prior to coming to Faith Camp

### Registration for the Faith Camp

Name of participant(s): \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special concerns or allergies (Dietary, Behavioral, Medical) we should know about:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***If your child requires extra assistance when in school, please be willing to stay and help them at Faith Camp as our volunteers are not equipped with the necessary skills and are not able to provide one on one care at the camp.***

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

If you are a parent or guardian who would like to volunteer some of your time at Faith Camp please contact our Youth Ministry Coordinator Kirsten ven der Buhs either by email at [youthministry@stannsabbotsford.ca](mailto:youthministry@stannsabbotsford.ca) or by phone at 604-852-5602 ext 238.