

# CAMPER REGISTRATION FORM

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

T-Shirt size (please circle) YS YM YL AS AM AL

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

I acknowledge and understand there are risks involved with my child's participation in the camp activities, including the risk of physical injury or damage to personal property and I release Scripture Union Canada, EastRidge Church, and all sports camp staff and volunteers from liability. I understand that photographs and video recordings may be taken by SU which may be used in publications or promotions and I consent to SU/EastRidge using the images for all stated purposes

Parent/Guardian Signature \_\_\_\_\_

## PAYMENT

Amount:  Early Bird Pricing  Standard Registration Fee  
\$115 (before June 30) \$125 (after June 30)

Please make cheques payable to EastRidge Church

How did you hear about Sports Camp?

Online  Friend  Church  Flyer/Poster  Other

SU Camps welcome children with special needs.

Check here if you would like a phone call to discuss your child's needs or email us at [camp@scriptureuion.ca](mailto:camp@scriptureuion.ca)



# HOW TO REGISTER

## SEND APPLICATION TO

EastRidge Church  
12485 Tenth Line  
Stouffville ON L4A 3E9

More information online at  
[www.sucamps.ca/locations](http://www.sucamps.ca/locations)

## QUESTIONS?

905-640-3911  
[register@eastridge.ca](mailto:register@eastridge.ca)  
[www.eastridge.ca](http://www.eastridge.ca)

# EastRidge SPORTS CAMP

July 16-20



[SUCAMPS.CA](http://SUCAMPS.CA)



# CAMP DETAILS

July 16-20  
 9am-3pm - Ages 7-12  
 (must be 7 in 2018)

EastRidge Church  
 12485 Tenth Line  
 Stouffville ON L4A 3E9

\$115 per camper (before June 30)  
 \$125 per camper (after June 30)  
 \$5 sibling discount

Basketball  
 Soccer  
 Ball Hockey



EVERY CAMPER  
 WILL RECEIVE

T-SHIRT  
 WATER BOTTLE  
 CAMPER PLAYBOOK  
 BIBLE  
 LOTS OF FREEZIES



CHECK OUT ALL THE  
 ACTIVITIES AT  
 SUCAMPS.CA!

# CAMPER HEALTH FORM

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_

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

## CAMPER INFORMATION

Health Card # \_\_\_\_\_

Allergies \_\_\_\_\_

Health conditions camp staff need to be aware of

\_\_\_\_\_

Current Medications \_\_\_\_\_

If your child requires medication while at camp we ask that you make arrangements to administer the medicine throughout the day. The camp will not administer any type of medicine.

List any problems that may affect your child's ability to participate in camp activities

\_\_\_\_\_

**Disclaimer:** I am the legal guardian of the camper with full authority to make decisions with respect to the care, upbringing, and education of the applicant.

I agree that all the medical information provided on this form is true and accurate. I hereby release my child to the care and medical discretion of the staff at Scripture Union, [the church] and volunteers. In the event of an emergency and that no one can be immediately contacted, my child will be taken to the hospital or a physician to be treated if deemed necessary by one of the camp staff, church staff or volunteers. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_