

CAMP GEORGE VBS 2017 REGISTRATION FORM

ST. GEORGE'S ANGLICAN CHURCH, 83 CHURCH STREET, ST. CATHARINES, ON

Participant Name: _____

Date of Birth: _____

Address: _____

Parent/Guardian Information

Last name: _____ First Name: _____

Home #: _____ Work #: _____

Cellphone #: _____ Email: _____

In Case of Emergency Please Contact:

Last name: _____ First Name: _____

Home #: _____ Work #: _____

Cellphone #: _____ Email: _____

The following people are permitted to pick up the participant:

Medical Information:

Please list medical conditions/allergies that could affect participation:

Name and contact information of participant's family physician:

- I give permission for my child's photo to be used for the purpose of promoting St. George's youth programming.

SIGNATURE OF PARENT/GUARDIAN

***PLEASE SEND A NUT-FREE SNACK AND LUNCH ALONG WITH YOUR CHILD EACH DAY.
PLEASE ENSURE THAT YOUR CHILD IS WEARING CLOTHING SUITABLE FOR PAINTING***

THIS IS A COST-FREE CAMP, BUT SPACE IS LIMITED. PLEASE REGISTER EARLY.

QUESTIONS?

CONTACT ST. GEORGE'S AT 905-682-9232