

# kids summer **SPECTACULARS** 2008 Registration Form

*Please print clearly, one form per child.*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade as of Sept 08': \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

What school and/or church does your child attend: \_\_\_\_\_

**MEGA DAY CAMP - \$100**

Please select the sport of your choice: Soccer Basketball Cheerleading

**MEGA SPORTS CAMP - \$30**

Please select the sport of your choice: Soccer Basketball Cheerleading

Do you require bus transportation? Yes No If yes, which location? Mathews Empire Plymouth Denistoun

**POWER LAB - Free!**

Do you require bus transportation? Yes No If yes, which location? Mathews Empire Plymouth Denistoun

### Wacky Wednesdays

Mini Putt & Ice Cream (Aug 20th) - \$8

Glow in the Dark Bowling (Aug 27th) - \$10

**Yes I would like to be considered for financial sponsorship**

Please review your choices carefully then place your total in the box

Does your child have any sever and/or life-threatening allergies? \_\_\_\_\_

Is your child child bringing any medication with him/her? \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns that our staff should be aware of? \_\_\_\_\_

Child's Health Card #: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand that while every precaution shall be taken to ensure the good welfare and protection of each child, Faith Tabernacle, it's Pastors, staff members, and counselors are released from any and all liability in the event of personal loss or injury, on or off the church property. In the event of a medical emergency, I understand that every effort will be made to contact parents/guardians. In the event I cannot be reached or to contact me would mean a significant delay for required medical treatment, I give permission to the staff, to secure the services of a licensed physician to provide the care necessary, including any anaesthetics or surgery, for my child's well being. In the event that my child should require basic medical treatment I give my permission to the staff to secure proper treatment.

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

Please drop off completed forms at, or mail to:  
 Summer Spectaculars, Faith Tabernacle, 380 South Pelham Rd, Welland, ON, L3B 5N8  
 PLEASE MAKE CHEQUES PAYABLE TO "FAITH TABERNACLE"