

PD DAY SPORTS & GAMES CAMP

Return completed form by email to office@grimsbybaptist.org

Friday, February 16, 8:30-3:30

For kids completed JK to Grade 6 in June 2024

Camp Cost: \$30 per child (extra \$10 for late pickup to 4:30)

ONE REGISTRATION FORM PER FAMILY

Child's First Name	Child's Last Name	Birth Date (m/d/y)	Grade in June 2024	Health Card #

Caregiver/Guardian Name:				
Street:			Phone:	
City:	Postal Code:		Cell Phone:	
Email:				
Home Church Name (or none):				
Emergency Contact Name:			Phone:	

Allergies/Health Information: If any child registered above has a disability, medical condition, or allergy that you would like us to know about, use the space provided to tell us. Please specify which child.

If this child has allergies, do they carry an epi-pen?	Yes/No	
Is this child able to self-administer their epi-pen?	Yes/No	

PAYMENT INFORMATION		
Registration Cost Friday, January 16, 8:30-3:30	\$30 per Child	\$
After Hours Cost, 3:30-4:30	\$10 per Child	
	Total Amount	\$

Please e-transfer payment to office@grimsbybaptist.org

Form and payment are required for registration

WAIVER: Please sign the waiver for this registration to be processed

Release and Waiver of Liability (required)

I/We, the parent(s) or Guardian of the above mentioned child(ren), in consideration of my/our child being permitted to enter Centennial Park Baptist Church (hereafter CPBC) property, and being permitted to participate in PD Day Camp activities and events AGREE TO WAIVE, RELEASE, DISCHARGE AND COVENANTS NOT TO SUE, its employees, officers, directors, servants and agents from all liability to the child, to myself, or any personal representative of either, assigns, heirs, and next of kin, for any and all claims for damages, for death, personal injury or property damage, suffered by me or my child while participating in any CPBC Day Camp Activity. I/We UNDERSTAND THAT THIS RELEASE AND WAIVER OF LIABILITY applies to any claims occurring from injury to person or property. I/WE acknowledge that the intent of this RELEASE AND WAIVER OF LIABILITY is to prevent CPBC from being held liable for injuries to person or property, and that selecting YES constitutes by/our agreement and the agreement of the child(ren) listed above, not to hold CPBC responsible for any damages, losses, injuries, to person or property, as a result of any negligence or other wrongful conduct on the part of CPC or on the part of other third parties. I/We ALSO AGREES TO INDEMNIFY AND HOLD HARMLESS CPBC from any loss, liability, damage or cost that CPBC may incur due to the presence of myself or said child, upon CPBC premises or in any way using any of the CPBC or public park facilities. FURTHER, I/WE EXPRESSLY AGREE THAT THIS RELEASE AND WAIVER OF LIABILITY is intended to be as broad and inclusive as is permitted by the law in the Province of Ontario. If any portion is held to be invalid, it is agreed that the balance should continue in the full legal force and effect. I/We further agree that this Release and Waiver of Liability shall be valid for the period of the PD Day Camp. I/We have read and voluntarily agree, and further acknowledge that no oral representations, statements, or inducements apart from the written agreement have been made.

Yes, I agree

Consent for Off-Site Outings (required)

I agree that my child(ren) be permitted to participate in activities at Centennial Park.

Yes, I agree

Health Card #/Medical Release (required)

I/We the parent(s) or legal guardian(s) of the child listed above, a minor, by providing this health card #, hereby authorize and give permission to the physician or medical practitioner, selected by CPBC to hospitalize, secure proper treatment including but not limited to the prescription of medications, diagnostic studies, and any other medical procedure for my child as deemed necessary under the circumstances. It is understood that this authorization is given in advance of any specific medical treatment being needed, and is given to provide authority to the physician to render that care which in exercise of his or her best judgement is advisable.

Yes, I agree

Family Physician (Name, address & Phone #)

Media Consent

I agree that photographs and/or videos may be taken of my child at CPBC programs and events and may be used in the promotion of CPBC. They may be published and used for any application in newspapers, videos, posters, slide presentation, website, social media and networking sites or otherwise displayed to the public – either in whole or in part by CPBC.

Yes, I agree

Date:

Signature:

Date Form Received:	
Date Payment Received:	
Processed by:	
Date Confirmation Sent:	

Centennial Park Baptist Church

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905-945-8932

Email: office@grimsbybaptist.org

Website: grimsbybaptist.org