

# Hepburn Athletes in Action Soccer Camp 2018

## REGISTRATION FORM

July 23-27, 2018 \* Cost \$85/child

(minimum deposit of \$25/child with registration)\*

Location: Hepburn Gospel Church/Bethany College Sports Field

### CAMPER INFORMATION

#### CAMPER #1

FIRST NAME:		LAST NAME:		GENDER: M F (circle one)
BIRTH DATE (D/M/Y)	AGE:	GRADE IN FALL:	SCHOOL:	

#### CAMPER #2

FIRST NAME:		LAST NAME:		GENDER: M F (circle one)
BIRTH DATE (D/M/Y)	AGE:	GRADE IN FALL:	SCHOOL:	

#### CAMPER #3

FIRST NAME:		LAST NAME:		GENDER: M F (circle one)
BIRTH DATE (D/M/Y)	AGE:	GRADE IN FALL:	SCHOOL:	

### CONTACT INFORMATION

MAILING ADDRESS:		CITY:	PROV:	POSTAL CODE:
PARENT/GUARDIAN NAME(S):			PARENT/GUARDIAN EMAIL:	
HOME PHONE:	PARENT/GUARDIAN CELL PHONE:	CAMPER'S CELL PHONE:		

### EMERGENCY CONTACT

EMERGENCY CONTACT (other than parent):	DAY TIME PHONE NUMBER:	CELL PHONE:
RELATIONSHIP TO CAMPER(S):		DATE OF LAST TETANUS:

### CAMP INFORMATION

<b>CAMPER #1 T-SHIRT SIZE:</b>  YS YM YL S M L	<b>CAMPER #2 T-SHIRT SIZE:</b>  YS YM YL S M L	<b>CAMPER #3 T-SHIRT SIZE:</b>  YS YM YL S M L
<b>PERSON(S) AUTHORIZED TO PICK UP MY CHILD:</b>		<b>HOW DID YOU HEAR ABOUT THIS CAMP?</b>

### MEDICAL INFORMATION

<b>CAMPER #1</b>		SK Health Card Number:	
Has your child ever had or do currently have? (Choose all that apply):		Has your child had any of the following in the last year:	
<input type="checkbox"/> Seizures <input type="checkbox"/> Back Problems <input type="checkbox"/> Heart Problems <input type="checkbox"/> Asthma	<input type="checkbox"/> Neck Problems <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Head Injury <input type="checkbox"/> Overuse Injury	<input type="checkbox"/> Major Surgery <input type="checkbox"/> Fractures  Date of Injury:
Medications currently being used:		List any other health problems or important information that pertains to the camper/camp safety:	
<b>CAMPER #2</b>		SK Health Card Number:	
Has your child ever had or do currently have? (Choose all that apply):		Has your child had any of the following in the last year:	
<input type="checkbox"/> Seizures <input type="checkbox"/> Back Problems <input type="checkbox"/> Heart Problems <input type="checkbox"/> Asthma	<input type="checkbox"/> Neck Problems <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Head Injury <input type="checkbox"/> Overuse Injury	<input type="checkbox"/> Major Surgery <input type="checkbox"/> Fractures  Date of Injury:
Medications currently being used:		List any other health problems or important information that pertains to the camper/camp safety:	
<b>CAMPER #3</b>		SK Health Card Number:	
Has your child ever had or do currently have? (Choose all that apply):		Has your child had any of the following in the last year:	
<input type="checkbox"/> Seizures <input type="checkbox"/> Back Problems <input type="checkbox"/> Heart Problems <input type="checkbox"/> Asthma	<input type="checkbox"/> Neck Problems <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Head Injury <input type="checkbox"/> Overuse Injury	<input type="checkbox"/> Major Surgery <input type="checkbox"/> Fractures  Date of Injury:
Medications currently being used:		List any other health problems or important information that pertains to the camper/camp safety:	

## PROTECTING YOUR PERSONAL INFORMATION

Your child's health and personal information is collected to ensure the safety and well-being of each person involved in our camp ministry. This information will only be seen by our camp staff and will be kept in a secure place. Please contact our church for our complete privacy policy.

## MEDICAL/VIDEO/STILL PHOTOGRAPHY AUTHORIZATION FORM

I hereby authorize the staff and volunteers of the Athletes in Action Camp Program and Hepburn MB Church to make any and all decisions regarding the emergency treatment of my child(ren). I also hereby authorize the staff of Athletes in Action and Hepburn MB Church to take video and still photos of my child(ren) during camp. These videos and still pictures will be used on AIA's website and marketing materials as well as YouTube and Facebook promotions. I understand they retain the sole right to use photos and video for publicity and advertising purposes.

I, \_\_\_\_\_, (parent/guardian) have read and understood and agree with the above and hereby release and discharge all parties associated with this camp from any and all claims, demands, actions and causes of action that I/we or my/our child(ren) incur(s).

Name of Parent/Guardian: \_\_\_\_\_ (Please Print)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Registration Date	Payment	Amount	Payment Made By	Payment Method
	<input type="checkbox"/> Deposit <input type="checkbox"/> Full Amount <input type="checkbox"/> Sibling Discount	\$ _____ \$ _____ \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____
<b>Total Owing</b>	<input type="checkbox"/> Sponsorship <input type="checkbox"/> Not Received <p style="text-align: right;"><b>TOTAL PAID</b></p>	\$ _____ \$ _____	<b>Remaining Balance</b>	<b>Paid in Full Date</b> _____
				<small>Processed By</small>

**\*Family discount** - Parents/Guardians registering more than 2 children from the same household will receive a \$25 discount on the third and subsequent registrations.

**\*\* Sponsorship** - If you require financial assistance for the registration amount please contact Kelsie-Lynn Harms, Children's Ministry Director, at 306-947-2085 or by email [office@hepburnmb.com](mailto:office@hepburnmb.com).

Registrations can be mailed or dropped off to Hepburn MB Church and spots will be filled on a first come basis (the post-date mark will be used for mailed in registrations). Cheques should be made payable to Hepburn MB Church. There are only 60 spots available so register today!