

Camp Caravan 2020



Participant Registration Form

Host Church: _____ Dates: _____

Family Information

Parent/Guardian Name(s): _____

Address: _____ Postal Code: _____

Phone 1: _____ Phone 2: _____

Family Email Address: _____

Participant Information

Child #1: First Name _____ Last Name: _____ Gender: _____

A.H.C. # (required): _____ Date of Birth (mm/dd/yy): _____

Age (as of Sept 2020): _____

Allergies & Other Special Concerns: _____

Does your child use special medication (ie. Epi-pen, Asthma Inhaler) Yes No

If yes, please complete the Severe Allergy Alert Form

If possible, please place in a group with*: _____

Child #2: First Name _____ Last Name: _____ Gender: _____

A.H.C. # (required): _____ Date of Birth (mm/dd/yy): _____

Age (as of Sept 2020): _____

Allergies & Other Special Concerns: _____

Does your child use special medication (ie. Epi-pen, Asthma Inhaler) Yes No

If yes, please complete the Severe Allergy Alert Form

If possible, please place in a group with*: _____

Child #3: First Name _____ Last Name: _____ Gender: _____

A.H.C. # (required): _____ Date of Birth (mm/dd/yy): _____

Age (as of Sept 2020): _____

Allergies & Other Special Concerns: _____

Does your child use special medication (ie. Epi-pen, Asthma Inhaler) Yes No

If yes, please complete the Severe Allergy Alert Form

If possible, please place in a group with*: _____

Emergency Contact

Parent/Guardian Name(s): _____

Phone 1: _____ Phone 2: _____

Non-Family Contact Name(s): _____

Phone 1: _____ Phone 2: _____

Child Security & Safety

Name of Adult Picking Up Participant(s): _____

Secondary Adult (if applicable): _____

Are there any persons **NOT** permitted to pick up Participants? Yes No

If Yes, provide name(s) here: _____

Parental Authorization

Photography Release – I give permission for VBS Caravan/St. Andrew's to use any photographs, video tapes or audio tapes that may be taken of my child(ren) while attending VBS Caravan 2020 for promotional or educational purposes. I agree that the photos, video footage and/or audiotape may be used without limitation on time or frequency.

Waiver – I acknowledge that VBS Caravan/St. Andrew's and Staff/Volunteers are not responsible for loss, theft or damage to personal property or any bodily injury suffered by participating, before, during or after the program, unless such injury is the direct and sole result of proven negligence on the part of VBS Caravan/St. Andrew's.

Consent – I hereby give permission for the VBS Caravan/St. Andrew's Staff/Volunteers to act in my place in the event my child(ren) should require medical care, if I cannot immediately be reached.

Signature of Parent/Guardian: _____ Date: _____

Payment

Number of Children	Participant Fee	Total
_____	X \$125	= \$ _____
	Grand Total	= \$ _____

Please make cheque payable to *St. Andrew's Regional Ministry* and mail with your registration to:

Camp Caravan, St. Andrew's Regional Ministries
1-10601 Southport Rd. SW, Calgary AB, T2W 3M6
403-259-4080 www.andycentre.com/campcaravan

***Refund Policy** - Cancellations received one month before the start date of registered Camp Caravan session will receive a full refund. We are unable to provide a refund for those cancellations made within one month of the start date of a Camp Caravan session.*

***Group Placements:** Note, we will do our best to accommodate special requests regarding children's group placements. Your having made the request does not constitute a promise made to your child. Thank you for your understanding if we are unable to accommodate your request.