



**MULTIPLY
CHURCH**
calgary

Summer Camp Registration and Release Statement

Child's Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Age as of July 2019: _____

Church (if you attend one regularly): _____

Summer Camp (Location and Activity): _____

HEALTH INFORMATION

Alberta Health Number: _____

Allergies: _____

Emergency Contact #1:

Name: _____ Phone: _____

Relation to Child: _____

Emergency Contact #2:

Name: _____ Phone: _____

Relation to Child: _____

PARENT INFORMATION & PERMISSION

Name(s) of Parent(s)/Guardian(s) with whom child lives:

I give permission for my child to participate in a Multiply Church Summer Camp. I understand that this program is run by Multiply Church, and that the program is conducted by the church and its volunteers and staff. I am aware that my child is participating voluntarily and is doing so at his/her own risk and Multiply Church, its members, agents, or volunteers, are not liable for any loss, damage, death, injury, or ambulance service resulting from or in connection with such participation. I understand that my child's picture will be taken and may be used for promotional material both printed and online. By signing this form below and submitting to Multiply Church, I accept the terms and conditions stated herein.

Signature of Parent/Guardian: _____ Date: _____

PAYMENT

Cost is \$40 per child. Please make cheques payable to Multiply Church.
Mail to: Multiply Church, 526 Chaparral Dr SE, Calgary AB T2X 3W2