



Fleetwood International Church Camper Registration 2018

8250 161 Street, Surrey, V4N 0M9
info@fichurch.org 604-597-2151

Registration Use

Date: _____
Amount Paid: _____
Summer Games: _____
Shipwrecked (VBS): _____
Summer Dayz: _____

Please ✓	Camp Name	Date & Time	Cost	Amount Due
	Summer Games Gr. 1 - Gr. 6 (in Sept 2018) *Snacks/drinks provided	July 3-6 Tuesday-Friday 9:30AM-12:00PM	\$30/child	
	Shipwrecked (VBS) Ages 3 - Gr. 6 (in Sept 2018) *Snacks/drinks provided	July 8-13 Sunday-Friday 6:00PM-8:30PM	\$30/child	
	Summer Dayz: Weird Animals Gr. 1 - Gr. 6 (in Sept 2018) *Children bring their own lunch	July 23-27 Monday-Friday 9:30AM-3:00PM	\$50/child \$30/2nd child \$20/3rd child	
*NOTE: PLEASE REGISTER BEFORE JUNE 30 TO SECURE THESE PRICES. PRICES INCREASE FOR REGISTRATIONS SUBMITTED AFTER JUNE 30.				Total:

Child's Information (Please complete a separate registration form for each child)

Child's Name: _____

Date of Birth: _____ Current Age: _____ Grade in September: _____
mm/dd/yy

Care Card #: _____

Allergies or
Medical Conditions:

Pick Up Information (Please indicate how your child will be picked up from the camp and list the names of everyone who is authorized to pick up your child):

Is your child allowed to walk home alone? Please **circle**: YES NO

Do you give permission for your child's picture(s) to be used in FIC publications?

Please **circle**: YES NO

Please turn form over to complete the registration

Contact Information

Primary Parent/Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship to Child: _____

Emergency Contact's Home Phone: _____

Emergency Contact's Cell Phone: _____

Other Information

Please list any other information you would like our staff to know about your child:

Consent – Please read carefully before signing

- I give permission for my child to participate in the activities and programs organized by Fleetwood International Church (FIC).
- In the event of a medical emergency, I understand that an effort will be made to reach me. However, I do give permission for the staff of this program to authorize emergency medical care for my child.
- I understand the risks involved in this program and that the staff will exercise all reasonable care for my child. I will not hold FIC, its staff, or its volunteers responsible for any loss, damage, or injury (but are not limited to these), that occur to my child and my child's possessions.
- I understand that the programs of FIC include Christian education.
- I understand that FIC is not responsible for my child until and unless they arrive at the program site.
- I agree to support the staff of this program through accepting appropriate discipline that is used.

Signature

Date

NOTE: The protection of the personal information that you give us is important to us. The information collected on this form will only be used for communication with you, and in emergency situations. Submission of this form implies your consent for us to collect and use this information for these purposes.