

# St. John Bosco Parish Summer Camp 2022

## REGISTRATION FORM

DATES: JULY 11 TO 15 **OR** AUGUST 8 TO 12 – 9:00 AM TO 3:00 PM – EARLY DROP OFF 8:30 AM

AGE GROUPS: 6 TO 11 YEAR OLDS AND 12 TO 17 YEAR OLDS – Lunch and snacks provided

PLACE: St. John Bosco Church, 13503 40 Street, Edmonton, AB

Please fill out one form per child. Cost per child is \$10 for 6 to 11 year-olds and \$20 for 12 to 17 year-olds. Contact the office if you require financial assistance. Return the completed form along with payment to the church office or put in the church mailbox, or email to [stjohnbosco.edm@caedm.ca](mailto:stjohnbosco.edm@caedm.ca). E-transfer payment can also be made to this email address, please put "summer camp" in the comments/memo.

Permission is granted for:

Name of Child PLEASE PRINT

I give permission for my child named above, to participate in the St. John Bosco Summer Camp: July 11 to 15 or August 8 to 12, 2022 from 9:00 am until 3:00 pm.

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #:

Email address:

Child's date of birth:

Allergies or diet restrictions:

Conditions requiring special consideration (medical/physical):

Does your child require: (A) **Epipen** Yes  No  (B) **Inhaler** Yes  No  (C) **ANY MEDICATION CURRENTLY TAKEN:** (we will not administer any medications)

I hereby do release and forever discharge the Archdiocese of Edmonton, St. John Bosco Parish, its employees and volunteers from all manners of actions and claims which I or the child named above may have for any reason arising out of the child's participation in the SJB Summer Camp.

Emergency Contact Name:

Relationship to Child:

Phone #:

I understand that precautions will be taken to safeguard the health and safety of all the participants of the summer camp and I will be notified as soon as possible in the event of an emergency.

All information will be kept confidential. Unless other written instruction is given, I also consent to my child's photo being used during the camp week or for future advertisement of SJB Parish youth programs only.

Please circle choice week of camp: July 11 to 15

August 8 to 12

Do you require early drop off at 8:30 am:

Yes or No

Maximum # of participants is 40 children per age group

Please register early!

**For treatment by a licensed physician or hospital, if I (parent/guardian) cannot be reached:** I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

### HEALTH INSURANCE INFORMATION:

Alberta Health Care Number:

Parent/Guardian Name:

Date:

(PLEASE PRINT)

Parent/Guardian Signature: