

Kids' Summer Camp - Breslau Mennonite Church

226 Woolwich Street South Breslau, ON N0B 1M0 (519) 648-2501

August 14-18, 2017 – 8:45-9:00 drop off ~ 12:00 – 12:15 pick up

Children entering SK – grade 6 (born in 2006 – 2012)

More Info: website www.breslaumc.ca

Name _____ Grade in September _____

Date of Birth _____ Health Card# _____

Address _____

Parents / Guardian _____

Phone _____ Cell Phone _____

Email _____

Emergency Contact Information (other than parents)

Name: _____ Phone: _____

Does your child have any severe allergies or medical conditions (bee stings, food, or penicillin)?

No ___ Yes ___ Please explain. _____

Does your child carry an EpiPen or Inhaler? No ___ Yes ___ Please explain. _____

All leaders follow BMC's Safeplace Guidelines (details available upon request)

Photo Release

I give permission for my child to have their photo taken while at Breslau Mennonite Church Summer Camp, August 15-19. I understand that photos will only be used for slide shows inside the church and for archival purposes, and will not be made public.

Parent's Signature _____ Date _____

Waiver – Please read carefully before signing

I/we, the parents or guardians named above, authorize the ministry staff of Breslau Mennonite Church to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, the parents or guardians named above, undertake and agree to indemnify and hold blameless the Ministry staff, Breslau Mennonite Church, its Pastors and Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Breslau Mennonite Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Breslau Mennonite Church Kids' Summer Camp August 14-18, 2017.

Parent's signature _____ Date _____

Printed name _____

Please return to Breslau Mennonite Church, by email (office@breslaumc.ca), post, or drop off at the church