

# CAMPER REGISTRATION FORM

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

T-Shirt size (please circle) YS YM YL AS AM AL

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

I acknowledge and understand there are risks involved with my child's participation in the camp activities, including the risk of physical injury or damage to personal property and I release Scripture Union Canada, Harmony Road Baptist Church and all sports camp staff and volunteers from liability. I understand that photographs and video recordings may be taken by SU which may be used in publications or promotions and I consent to SU using the images for all stated purposes. *If you have a concern please speak with Camp coordinator before even to make arrangements.*

Parent/Guardian Signature \_\_\_\_\_

## PAYMENT

Amount:  Early Bird Pricing  Standard Registration Fee

Please make cheques payable to Harmony Road Baptist Church and please add S.U. Camp on the memo line

How did you hear about Sports Camp?

Online  Friend  Church  Flyer/Poster  Other



SU Camps welcome children with special needs.

Check here if you would like a phone call to discuss your child's needs or email us at [camp@scriptureunion.ca](mailto:camp@scriptureunion.ca)

# HOW TO REGISTER

## SEND APPLICATION TO

Harmony Road Baptist  
Church  
226 Harmony Road South  
Oshawa, Ont. L1H6T7

More information online at  
[www.sucamps.ca/locations](http://www.sucamps.ca/locations)

## QUESTIONS?

Dave Stewart  
905 728-2322

[harmonychurch@rogers.com](mailto:harmonychurch@rogers.com)

[www.harmony-road.com](http://www.harmony-road.com)

# HARMONY SPORTS CAMP

July 31 –  
Aug. 4



[SUCAMPS.CA](http://SUCAMPS.CA)



# CAMP DETAILS

July 31 – Aug. 4  
9am-3pm

Harmony Road Baptist Church  
226 Harmony Road S. Oshawa,  
Ont. L1H6T7

Ages 6-12  
\$90 per camper

**BASKETBALL  
SOCCER  
BALL HOCKEY**



**EVERY CAMPER  
WILL RECEIVE**

**T-SHIRT  
WATER BOTTLE  
CAMPER PLAYBOOK  
BIBLE  
LOTS OF FREEZIES**



**CHECK OUT ALL THE  
ACTIVITIES AT  
SUCAMPS.CA!**

# CAMPER HEALTH FORM

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## CAMPER INFORMATION

Health Card # \_\_\_\_\_

Allergies \_\_\_\_\_

Health conditions camp staff need to be aware of

\_\_\_\_\_

Current Medications \_\_\_\_\_

If your child requires medication while at camp we ask that you make arrangements to administer the medicine throughout the day. The camp will not administer any type of medicine.

List any problems that may affect your child's ability to participate in camp activities

\_\_\_\_\_

**Disclaimer:** I am the legal guardian of the camper with full authority to make decisions with respect to the care, upbringing, and education of the applicant.

I agree that all the medical information provided on this form is true and accurate. I hereby release my child to the care and medical discretion of the staff at Scripture Union, Harmony Road Baptist Church and volunteers. In the event of an emergency and that no one can be immediately contacted, my child will be taken to the hospital or a physician to be treated if deemed necessary by one of the camp staff, church staff or volunteers. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_