

For the past 5 years Harmony Road Baptist Church has partnered with Scripture Union Canada to provide a Sports Camp each summer. Several volunteers from the church assist the S.U. Team of young adults who lead this program to bring the Gospel of Jesus to children and families in our community. This camp aims to provide students with the ability to learn skills associated with basketball, soccer and ball hockey while playing cooperatively with other children in a safe and recreational atmosphere. An important aspect of this program is the “Team Talk” time each day in which leaders speak to children about character building traits they can apply to their lives, based upon foundational teachings of the Bible and following Jesus as their head “coach”.

**This year’s Camp is Monday August 12-Friday August 16, 9:00am-3:00pm at** **Harmony Road Baptist Church**. The cost per camper is $90.00 per child if registered by June 30, 2024 or $110.00 per child thereafter. Multi-camper discounts are available for families as well as subsidies for those in need. Please contact Pastor Dave Stewart about these discounts and other subsidies. Cheques are to be made to “Harmony Road Baptist Church” with “SU Camp” on memo line. An e-transfer option is also available. Please consult our church office for details about the e-transfer process.

****We are committed to providing a safe environment and will have masks on hand and sanitizer stations available to ensure the safety of all participants. We will provide all equipment needed, as well as freezies and water. Students are asked to bring their own bag lunch for each day.

This program strives to accomplish our church Vision; *“To engage our family, our community and the world with God’s Word, in God’s love.”* We are partnering with Scripture Union Canada who have many years of connecting with communities through the empowerment and training of young adults as they serve God in various communities.

A registration form is enclosed for you to use for your child(ren). You may drop this completed form off at the church at 226 Harmony Road South, Oshawa during office hours or through the mail slot after hours or return it by email to our Church Administrator at [harmonychurch@rogers.com](mailto:harmonychurch@rogers.com). You can also register online at <http://scriptureunion.ca/sports> following the “camps” tab for our “Harmony Camp.” If you have any question, please contact me, Pastor Dave Stewart, at 905 728-2322 or email at pdave.harmonychurch@rogers.com.



Dave Stewart

Associate Pastor



**SPORTS CAMP REGISTRATION**

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size (please circle): YM YL AS AM AL AXL

mm/dd/yyyy

Parent/ Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street # Street Name Postal Code

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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, [your Church institution], 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 purposed.  *If* *you have a concern, please speak with the Camp coordinator before camp and arrangements will be made.*

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

PAYMENT:

$90.00 per child if before May 31 (Early Bird), $110.00 per child after May 31 (Standard)\*

Amount: ☐ Early Bird Pricing (if applicable) ☐ Standard Registration Fee

\* Family discounts are also available

Please make cheques payable to “Harmony Road Baptist Church” with “Sports Camp” on memo line.

How did you hear about Sports Camp?

☐ Online ☐ Friend ☐ Church ☐ Flyer/Poster ☐ Other

Comments : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**SPORTS CAMP HEALTH FORM**

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mm/dd/yyyy

EMERGENCY CONTACT INFO

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFO

Please list any allergies that your child may have:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any health conditions camp staff need to be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications that your child is currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important Note: If your child requires medication while at camp we ask that you make arrangements to administer the medicine throughout the day. We will not administer any medicine of any type for children at camp.

Are there any other problem’s 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 of the medical information provided on this form is true and accurate – lacking nothing.  I hereby release my child to the care and medical discretion of the staff at Scripture Union, [your church institution] 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Children with special needs should visit* [*www.scriptureunion.ca/everykidcamp*](http://www.scriptureunion.ca/everykidcamp) *for more information re:medication.*



PHOTO RELEASE FORM

I \_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* do grant or do NOT grant (please circle one) permission for Harmony Road Baptist Church and Scripture Union to use photographs and/or video of my child(ren), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in future promotion of SU Sports Club and SU Sports Camp. Photos of your child(ren) will not be posted to social media.

(Signature of Adult, or Guardian of Children under age 18)

Name

Address

Phone (day) (evening)

Email Address (optional)

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**Thank you!**