



CAMLACHIE UNITED CHURCH

*Parents or appointed guardians are required to pickup youth at the appointed time. The entry doors to the church may be locked soon after an activity. We cannot provide transportation for your child/youth. *The information provided on this form is treated as confidential.

ACTIVITY: _____ **DATE:** _____
 SOCCER, BASKETBALL, DAY CAMP, ETC. MONTH/DAY/YEAR

Youth Name(s):	<u>Age(s):</u>	<u>Grade(s)</u>	<u>Allergies?</u>	
1.	_____	_____	YES* *over	NO
2.	_____	_____	YES* *over	NO
3.	_____	_____	YES* *over	NO
PARENT /GUARDIAN NAME:				

EMAIL ADDRESS: ** TO NOTIFY OF PROGRAM CANCELLATIONS				

HOME PHONE:		CELL:		
_____		_____		
ALTERNATE CONTACT NAME: _____				
PHONE: _____				
Email Consent:				
I agree to receive email communications from the Camlachie United Church about general church activities, including information which may/may not be of interest to my family. **See below to stop anytime.			YES	NO
Photography Consent:				
A photograph may be taken of youth during the program. These photos may be posted at the church on bulletin boards or on the church webpage.			YES	NO
<u>Subsequent Registrations:</u>				
Information was previously provided and REVIEWED and APPROVED on:				
ACTIVITY:	Date:	Signature:		
ACTIVITY:	Date:	Signature:		

**To stop emails from the church at anytime in the future, or to change your email address, please call the Camlachie United Church Secretary (519) 899-4720 or email camunited@xcelco.on

ALLERGIES AND PERTINENT MEDICAL CONDITIONS

PROVIDE NAME OF YOUTH WITH ALLERGIES AND/OR MEDICAL CONDITIONS; PLEASE INDICATE IF AN EPI PEN OR PUFFER ACCOMPANIES THE CHILD.

NAME of YOUTH:

Parent/Guardian Initials _____

Date: _____

Allergies:

Medical Conditions:

NAME of YOUTH:

Parent/Guardian Initials _____

Date: _____

Allergies:

Medical Conditions:

NAME of YOUTH:

Parent/Guardian Initials _____

Date _____

Allergies:

Medical Conditions: