

DAYCAMPS 2010

HARVEST HILLS ALLIANCE CHURCH

FAMILY INFORMATION (one form per family)

PLEASE COMPLETE BOTH
PAGES OF THIS APPLICATION

Parent/Guardian's Names: _____

Mailing Address (including postal code): _____

Home Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____ Relationship to Camper: _____

Home Church Attended (if applicable): _____

CAMPER #1 INFORMATION

Name: _____ Gender: ___M___F Birthdate: _____

Age: ___ Last Grade Completed: ___ Alberta Health Care #: _____

Health concerns/allergies: _____

Check ONE Camp:

High Seas Expedition (age 4*—kindergarten **) Week 1 July 12-16, 2010 \$50

Preferred Group Mates***: _____

Creator's Canvas (grade 1-6**) July 12-16, 2010 T-shirt size S M L XL \$50

Harvest Kids Camp: (grade 1-6**) July 12-16, 2010 T-shirt size S M L XL \$50

High Seas Expedition (age 4* - kindergarten**) Week 2 July 19-23, 2010 \$50

Preferred Group Mates***: _____

Mega Sports Camp (grade 1—6**) July 19-23, 2010 T-shirt size S M L XL \$50

Check ONE: Soccer Cheerleading

Club 5/6 Camp (grade 5 & 6**) July 19-23, 2010 T-shirt size S M L XL \$60

*must be 4 by July 12, 2010 **completed

***while we try our best to honour these requests, we cannot guarantee that they will be filled

Applications cannot be processed without full payment (cash or cheque only.) Please make cheques payable to **Harvest Hills Alliance Church**. All registration fees are non-refundable.
A confirmation letter with detailed information will be notification of your child's acceptance.

Protecting Your Privacy

At HHAC we are committed to protecting your personal information. This is our privacy commitment to you. We collect your information only to provide the services for which you have requested and to provide you with information about the ministry of HHAC. Your personal information is processed and stored in secure and confidential databases with strict access control.

Photos and video may be taken throughout the course of the week so that we can celebrate our time together. If you have any concerns, please let us know.

CAMPER #2 INFORMATION

Name: _____ Gender: ___M ___F Birthdate: _____
Age: ___ Last Grade Completed: ___ Alberta Health Care #: _____

Health concerns/allergies: _____

Check ONE Camp:

- High Seas Expedition (age 4*—kindergarten **) Week 1 July 12-16, 2010 \$50
Preferred Group Mates***: _____
- Creator's Canvas (grade 1-6**) July 12-16, 2010 T-shirt size S M L XL \$50
- Harvest Kids Camp: (grade 1-6**) July 12-16, 2010 T-shirt size S M L XL \$50
- High Seas Expedition (age 4* - kindergarten**) Week 2 July 19-23, 2010 \$50
Preferred Group Mates***: _____
- Mega Sports Camp (grade 1—6**) July 19-23, 2010 T-shirt size S M L XL \$50
Check ONE: Soccer Cheerleading
- Club 5/6 Camp (grade 5 & 6**) July 19-23, 2010 T-shirt size S M L XL \$60

CAMPER #3 INFORMATION

Name: _____ Gender: ___M ___F Birthdate: _____
Age: ___ Last Grade Completed: ___ Alberta Health Care #: _____

Health concerns/allergies: _____

Check ONE Camp:

- High Seas Expedition (age 4*—kindergarten **) Week 1 July 12-16, 2010 \$50
Preferred Group Mates***: _____
- Creator's Canvas (grade 1-6**) July 12-16, 2010 T-shirt size S M L XL \$50
- Harvest Kids Camp: (grade 1-6**) July 12-16, 2010 T-shirt size S M L XL \$50
- High Seas Expedition (age 4* - kindergarten**) Week 2 July 19-23, 2010 \$50
Preferred Group Mates***: _____
- Mega Sports Camp (grade 1—6**) July 19-23, 2010 T-shirt size S M L XL \$50
Check ONE: Soccer Cheerleading
- Club 5/6 Camp (grade 5 & 6**) July 19-23, 2010 T-shirt size S M L XL \$60

TOTAL : _____

PARENTAL/GUARDIAN CONSENT

As a parent or legal guardian of the previously named children, I hereby give my approval to her/his participation in any and all activities of Harvest Hills Alliance Church Day Camp. I assume all risks and hazards incidental to the conduct of the activities with respect to her/his participation. I so hereby release, absolve, indemnify and hold blameless Harvest Hills Alliance Church (HHAC), the sponsors, and the leaders of the Day Camp.

In case of an emergency all attempts will be made to notify parents. Where medical treatment is deemed necessary by the Day Camp staff, I give my permission to the Day Camp leaders to obtain services of a licensed physician. I will be responsible for all costs incurred with any such treatment.

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____ Date: _____