

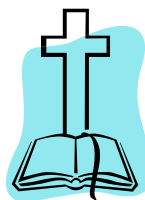
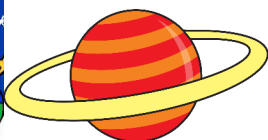


# Registration and Release Form Evangel Baptist Church SPICES Camp 2018



July 3 – 6, 2018  
9:00 a.m. – 4:00 p.m.

Presentation: July 6, 2018 (4:00 p.m. – 5:00 p.m. Mandatory)



I, the undersigned parent/guardian of \_\_\_\_\_, give my permission for my child to participate in the SPICES Camp 2018 at Evangel Baptist Church (1204 Ellwood Road S.W., Edmonton). I understand that he/she is attending the summer camp at his/her own risk.

The directors, counselors and supervisors shall not be liable for any damages arising from personal injuries sustained by the participant in the facility used. The participant also assumes full responsibility for all injuries and damages which may occur in Evangel Baptist Church.

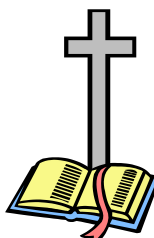
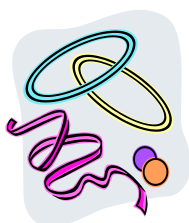
In consideration of your acceptance of my child for the “SPICES Camp 2018”, I, intending to be legally bound, do hereby waive, release, and forever discharge any and ALL rights and claims against *Evangel Baptist Church*, pastors, directors, counselors and supervisors for damages and/or injuries sustained by my child while participating in this SPICES Camp.

My child will commit to attending SPICES Camp full time (July 3 – 5: 9am – 4pm;  
July 6: 9am – 5pm) Yes \_\_\_\_ No \_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Please Print

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **Evangel Baptist Church**

## **SPICES Camp 2018**

### **Registration Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_ T-shirt size: S / M / L / XL / AS / AM

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Concerns / Allergies: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone # (Res.): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

#### **Media/Photo Release**

I (parent/guardian), \_\_\_\_\_, give consent for my child, \_\_\_\_\_ to have his/her photograph taken and image used during the week of SPICES Camp, 2018. These images will not be used for profit in any way, and will only be used in church publications and promotion for future summer camps.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

1. Do you attend a Christian church regularly? Yes \_\_\_\_ No \_\_\_\_

2. If yes, what is the name of the church? \_\_\_\_\_

3. If no, would you like to know more about our children program? Yes \_\_\_\_ No \_\_\_\_

4. How did you find out about the Evangel SPICES Camp 2018? \_\_\_\_\_

Income Tax Receipt required: Yes \_\_\_\_ No \_\_\_\_

**Note: Camp fees: \$120 / camper (\$30 Non-refundable registration fee included).  
No refund for cancellations after June 17, 2018. Cheques are made payable to  
Evangel Baptist Church.**