



| SPORTS CAMP REGISTRATION           | COST                |
|------------------------------------|---------------------|
| JUNE 30 - JULY 4, 2025 9 AM – 3 PM | \$110.00            |
| ARTHUR PAVILION TUCKER STREET      | \$90.00/FAMILY RATE |

Camper Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ T-Shirt Size (please circle): YS YM YL AS AM AL  
mm/dd/yyyy

*Additional Campers (if necessary)*

Camper Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ T-Shirt Size (please circle): YS YM YL AS AM AL  
mm/dd/yyyy

Camper Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ T-Shirt Size (please circle): YS YM YL AS AM AL  
mm/dd/yyyy

How did you hear about Sports Camp? \_\_\_\_\_

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 purposes. *If you have a concern, please speak with the Camp coordinator before camp and arrangements will be made.*

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

PAYMENT Amount: \_\_\_\_\_. Cheques payable to **St. Andrews Presbyterian Church Arthur**  
Or e-transfer to [stasetransfer@gmail.com](mailto:stasetransfer@gmail.com) or drop off at **240 Isabella St, Arthur**



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**ONE PAGE PER CAMPER**

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

**EMERGENCY CONTACT INFO**

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

Primary Phone: \_\_\_\_\_ Other 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 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 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 <https://sucamps.ca/inclusion-2/> for more information re: medication.*

*Return forms to [arthursusportscamp@gmail.com](mailto:arthursusportscamp@gmail.com) or drop off at 240 Isabella St, Arthur*