

# KNOX PA DAY CAMP REGISTRATION FORM 2026-2027

For children ages 4-11

**Please read ALL the information and complete this form in full. Use a separate form for each child. ALL FORMS ARE DUE ONE WEEK PRIOR TO THE CAMP YOU ARE REGISTERING FOR.**

- a) All campers must be **FULLY** toilet trained.
- b) Once the Camp Director has received your form you will get an email to confirm your spot is reserved.
- c) Space is limited and spots will be saved on a first come, first served basis.
- d) Drop off is 8:30am-9am and pick up is 3:30pm each day.
- e) All campers are required to bring their own lunch and 2 snacks.

**Please Check the days that your child will be attending camp in the table to the right.** →

| Check Day | Date                                                               |
|-----------|--------------------------------------------------------------------|
|           | Monday, October 26, 2026                                           |
|           | Friday, January 15, 2027                                           |
|           | Monday, March 15 – Friday, March 19, 2027 (March Break 5-day Camp) |
|           | Friday, April 16, 2027                                             |
|           | Friday, June 4, 2027                                               |
|           | Wednesday, June 30, 2027                                           |

## CHILD'S INFORMATION:

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Church (if any): \_\_\_\_\_

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

Daytime Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

List anyone with permission to pick up your child (anyone picking up the first time will be ID'd): \_\_\_\_\_

**\*A signed note from a parent/guardian is needed if someone unlisted is picking up.\***

## PHOTO PERMISSION:

Photos will be taken for various purposes during Camp. Please Check all boxes that apply.

I give my permission for my child's photos to be used for the purpose(s) of:

- ☐ Bulletin Boards (In church building)
- ☐ Church Newsletters (online)
- ☐ Slideshows in church (recorded for online viewing)

## CHILD'S EMERGENCY CONTACT INFORMATION:

Child's Name: \_\_\_\_\_ Health Card # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Other Emergency Contact (This person should be who we call if you can not be reached)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## CHILD'S HEALTH INFO

Known allergies (food/medications/insects/etc.):

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What is the severity of the reaction and what treatment is necessary? **Please be specific.**

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Other known medical conditions, special needs, behavioural needs, or other concerns we may need to know:

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Will medication be required at camp? (Circle one)      **YES**      **NO**

**If yes**, what, how, and when should it be administered?

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**Note** – all medications need to have the original label on it with the child's name, the medication's name, and the medical information, or we are not allowed to administer it. All medications will be locked in the Camp Director's office until they need to be administered.

## Liability Waiver

### Assumption of Risk and Waiver of Liability

I, the undersigned, as the parent/legal guardian of the above-named participant, give permission for my child to participate in the Knox PA Day Camp programs for 2026-2027. I understand that this program will include activities such as sports, trips, and games, among others.

I acknowledge that all reasonable precautions will be taken by the leaders to ensure the safety and well-being of all participants. However, I am aware that participation in these activities involves certain risks, including but not limited to physical injury, illness, sunburns, or allergic reactions.

By signing this form, I voluntarily release Knox Presbyterian Church Woodstock, its staff, volunteers, and representatives from any liability for injury, loss, or damage to person or property that may occur during the program, except in cases of gross negligence.

### Consent for Emergency Medical Treatment

In the event of an emergency, I authorize the adult leaders or medical personnel to provide any necessary medical treatment for my child, including the administration of medication, hospitalization, or surgery, if I cannot be reached in a timely manner.

**Parent Guardian Name (Please print) :** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_