

Word of Life Bible Institute

## RECHARGE PERMISSION FORM

Tel: 519-376-3516 Ext. 201  
Camp@wol.ca



### GENERAL INFORMATION:

CAMPER'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

GENDER:  M  F AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

#### FATHER

NAME:	HOME PHONE #:
EMAIL:	CELL PHONE #:

#### MOTHER

NAME:	HOME PHONE #:
EMAIL:	CELL PHONE #:

#### GUARDIAN

NAME:	HOME PHONE #:
EMAIL:	CELL PHONE #:

### HEALTH INFORMATION:

ALLERGIES \_\_\_\_\_

SPECIAL DIET REQUIREMENTS \_\_\_\_\_

HEALTH CARD NUMBER (In the case of an emergency) \_\_\_\_\_

### REGISTERING FOR:

Which week will you be attending?

- Weekend One – January 11 - 13
- Weekend Two – January 25 - 27
- Weekend Three – February 1 - 3
- Weekend Four – February 8 - 10
- Weekend Five – February 15 - 17
- Weekend Six – February 22 - 24
- Weekend Seven – March 1 - 3

### PARENT AUTHORIZATION:

**PARENT'S AUTHORIZATION 1—ASSUMPTION OF RISK:** I am the custodial parent or guardian of the camper named above and assume, for myself and the camper, the risks, including the risk of illness, injury, death and damage to property, inherent in the activities associated with camping including, but not limited to, tobogganing, tubing, sledding, and other snow sports; and other exposure to the conditions of nature in a rural environment. I agree on behalf of myself and the camper named above to release, hold harmless, and indemnify Word of Life Bible Institute and its caretakers, staff, and/or agents from any damages, claims, liabilities, and injuries relating to the camper's participation in any Word of Life Bible Institute activities, all of which have my permission.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT'S AUTHORIZATION 2—HEALTH:** This health history is correct so far as I know. I agree to hold harmless and indemnify Word of Life Bible Institute and its camp caretakers, staff, and/or agents from any damages, claims, liabilities, or injury suffered by the camper named in this form at or involved with Word of Life Bible Institute, including but not limited to those arising from the rendering of first aid or medical treatment. I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of the camper named, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for this camper. This form may be photocopied for use out of camp.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT'S AUTHORIZATION 3—PUBLICITY:** I hereby grant to Word of Life Bible Institute and to its agents the right to photograph the camper named in this form and use the photo and or other digital reproduction of him/her for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

By signing below, I recognize Word of Life Bible Institute's responsibility to protect all campers according to Government Regulations and the Privacy Protection Policy by restricting or withholding the camper's cell phone and other devices with photography capability.

YES  NO

I certify that I am a custodial parent or guardian and have the aforementioned rights to assign.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**1. Custody and Disclosure:** The parent(s) or guardian(s) submitting this Registration are those having legal custody of the child. Conditions of custody, if applicable, must be fully communicated in writing to Word of Life Youth Camp, including, if applicable, photocopy sections of any court order referring to visitation rights. The parent(s)/guardian(s) certifies that any and all physical, medical, emotional, mental or behavioural weaknesses or problems are fully disclosed with the Registration. Failure to disclose weaknesses or problems at the time of Registration could result in dismissal. The signature on the Registration form signifies that both parents/guardians are in agreement with the conditions of enrolment.

**3. Medical Treatment:** In case of surgical emergency, the parent(s)/guardian(s) gives permission to an emergency physician (at either Owen Sound or Meaford Hospital) to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for the camper. Each Camper must be covered by Provincial Health Insurance or equivalent medical insurance. In the event that a camper requires special medication, x-ray or treatment beyond that which is available at Word of Life Youth Camp the parents/guardians will be notified promptly. Word of Life Youth Camp requires that campers who have potentially life threatening conditions, such as peanut allergies, be able to manage their exposure to those substances, provide two sets of medication (if possible), be familiar with its use, and carry the medication in a fanny pack.

**4. Liability:** Care is taken for the safety and good health of campers, but in the event of accident or sickness, Word of Life Fellowship Canada, Inc, including the board of directors, staff, owners and the employees of off-site facilities, are hereby released from any liability. Word of Life Youth Camp is not responsible for damage to or loss of personal property.

**6. Privacy:** Word of Life Fellowship Canada, Inc. has permission to use any image or likeness or recording of the camper for promotional purposes. The information on this form will only be used by Word of Life Youth Camp to provide the camp experience for which you have registered and to make you aware of opportunities at Word of Life.