

Family Day At The Lake - 2012

We are so pleased that you are planning to come to Family Day At The Lake...you are in for a great time.

Please complete one registration form per individual.

Group Name: _____

Group Leader's Name: _____

Your Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____

Phone: _____ Email: _____

Relationship to you: _____

How did you find out about this event?:

Church Friend Web Site Face Book Brochure Advertisement Other

Statement of Understanding:

Privacy: Silver Lake Wesleyan Camp (SLWC) gathers information for use solely by SLWC. Personal information will not be given to any third party without your consent. **Dismissal:** SLWC reserves the right to dismiss the Named Camper who, in the opinion of the Camp is a hazard to the safety and rights of others or who appears to have rejected the reasonable controls of the Camp. **Custody:** The Parents or Guardians submitting this application have legal custody of the Named Camper. Conditions of custody, if applicable, will be communicated fully in writing to the Camp, including a photocopy of the section of any court order referring to visitation rights. **Promotional Material:** SLWC and any third party authorized by SLWC may use photo, video, or audio recording of the Named Camper in SLWC authorized promotional material. Campers will not be identified. **Lost Items:** SLWC is not responsible for personal items lost, stolen or damaged. **Activities:** Some camper activities may occur off SLWC property and the Named Camper may fully participate in such activities. **Medical Treatment:** Every camper must have a valid health insurance card (Ontario Health Insurance or equivalent). The Parents or Guardians give permission for the physicians and nurses selected by SLWC to assess and give medical treatment, including prescriptions, when necessary to the Named Camper. In the event the Named Camper requires such medication, x-rays or other treatment beyond that available at the Camp, the Parent/Guardian will be notified and is responsible for any transportation and medical care expenses. In the event of surgery or medical emergency and the Parent/Guardian is not immediately available for consultation, SLWC has permission to secure proper treatment for the Named Camper. This treatment may or may not include hospitalization, injections, IV therapy, anaesthesia or surgery. **Waiver:** Every precaution is taken for the safety and good health of SLWC campers. In the event of an accident or sickness, SLWC, its Directors, Staff and employees are hereby released from any and all liability.

Parent/Guardian: (Print) _____ Signature: _____ Date: _____