

BC-SYC 2015: Registration Form A

Name: _____ Date of Birth: _____
Youth/Leader (circle) Male/Female (circle) Grade completed as of July 2015: _____
Adult shirt size: _____
Address: _____
Church attending camp with: _____
e-mail: _____ BC Health Care Card #: _____

Emergency Contact Information:

Parent/Guardian Name: _____ Relationship: _____
Home: _____ Cell: _____ Work: _____
Parent/Guardian Name: _____ Relationship: _____
Home: _____ Cell: _____ Work: _____
Family Friend: _____ Cell: _____
Family Doctor: _____ Phone: _____

Current Medications (name and dosage): _____

Allergies: _____
Are immunizations current? _____
Please document any current medical conditions: _____

Please document any hospitalizations, medical concerns, etc. Covering the last 3 years: _____

Some of the photographs and video taken of participants will be used for promotional and social network sharing purposes.

This medical history for _____ is correct. Leaders have the right to sign for medical care and treatment as required on an emergency basis. I understand that BC-SYC (WestCoast Baptist Association), Gardom Lake Bible Camp are not responsible for medical/dental costs or liabilities. I also agree that BC-SYC (WestCoast Baptist Association), Gardom Lake Bible Camp will not be liable for any damages in the event of any accident or misfortune to the participant or personal property.

Parent/Guardian signature*: _____ Date: _____

\$230 for youth

\$140 for leaders

Cheques payable to (Church attending camp with); _____
Return this form and \$45 deposit to your leader by: _____
Registration fee balance due to your leader by: _____

*PLEASE NOTE: BC Health Care Card Number and Parent/Guardian signature and date are required for registration, thank you.