



CG

CHRISTIANGOVERNANCE
A Worldview Compass

WAY Camp Registration 2015

Please Print

Participant's Name _____

Street Address _____

City _____ Zip/Postal Code _____

Home Phone _____ Cell Phone _____

Birthdate ____/____/____

M__ / F__

If Participant is a Minor:

Primary Guardian _____

Home Phone: _____ Work Phone _____

Place of Employment _____

Cell Phone _____

Emergency Contact: _____

Home Phone _____ Work Phone _____

Place of Employment _____

Cell Phone _____

If paying by cheque, please enclose a cheque for **\$375**, or **\$262.50** if a **Full Member** to complete payment for **WAY Camp 2015**.

MEDICAL

Canadian Participants:

Health Card # _____

American Participants:

Please ensure that student has adequate health/accident insurance.

Health Insurance # _____

Date of last Tetanus shot __/__/__

Known Allergies _____

Current Prescribed Medications: _____

Health Concerns (diabetes, asthma, etc): _____

Physical Impairments _____

Chronic Illnesses _____

Special Dietary Needs or Concerns _____

EMERGENCY MEDICAL AUTHORIZATION- PART 1 OR PART 2 MUST BE COMPLETED

PART 1 (TO GRANT CONSENT)

I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist, and (2) the transfer of my child to any reasonably accessible hospital.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concur on the need for such a surgery and are obtained prior to the performance of such surgery.

Signature of Legal Guardian _____ **Date** ___/___/___

PART 2 (REFUSAL TO GRANT CONSENT- DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1)

I DO NOT give my consent for emergency medical treatment of my child.

Signature of Legal Guardian/Adult Participant _____ **Date** ___/___/___

LIABILITY WAIVER:

I _____ (parent, legal guardian) acknowledge that participation in WAY Camp programs may involve some risk of physical injury due to the nature of the activities.

In consideration for acceptance of these programs, I do hereby release and forever discharge, for myself, my heirs, executors and administrators, any and all claims to collect damages which I/my child may incur in these activities, and any and all rights to such damages against ChristianGovernance or its representatives, employees, independent contractors, agents or officials, directors, sponsors, or any officials of these programs.

This includes any transportation involved with travel related to these programs. I further represent that my child is in good physical condition to participate in these programs.

PHOTO RELEASE

Photographs are taken at WAY Camp for use in future promotions. By registering for WAY Camp, you agree to allow publication of photos taken during participation. If you prefer not to be photographed, please notify the photographer.

Signature of Legal Guardian/Adult Participant _____ **Date** ___/___/___