

St. Paul's Presbyterian Church  
5750 King Road, Nobleton  
905-859-0843

**Parent/Guardian Information Sheet and Permission Form**

We protect and respect your privacy. Your personal information is kept confidential and is used within our church only for the safety and execution of our programs and to communicate with you. We do not provide or sell this information outside of St. Paul's.

Event: Camp WannaknowGod  
Date: July 9 to: July 13, 2018  
Time: start: 9:00 a.m. end: Noon  
Location: St. Paul's Presbyterian Church, 5750 King Road, Nobleton  
E-mail: donna@tdmarchand.com

Full Name of Participant: \_\_\_\_\_  
First Last

Parents/Guardian's Names: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

How did you hear about Camp WannaknowGod? \_\_\_\_\_

Does your child have any severe allergies or medical conditions?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require additional support? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

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

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, St. Paul's Presbyterian Church, its staff and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me, should such a situation occur.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

### **Photo Release**

Pictures will be taken this week during our program. These pictures may be displayed in various ways. The group picture may be published in the local paper and is sent out to all participants after camp. While we **do not** use names or identifying information, your child may be featured in these pictures.

I give permission for pictures of my child to be used in presentations during the Worship gathering at St. Paul's Church (please initial)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I give permission for pictures of my child to be used on St. Paul's Church's website (please initial):

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I give permission for pictures of my child to be used for the promotion of St. Paul's activities (please initial):

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I give permission for my child to be in the group photo that may be published in the local paper and will be sent out to all participants after camp. No individual names will be published (please initial):

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature of Parent/Guardian/Caregiver

\_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child/ward: \_\_\_\_\_