



the canoe camp

July 11 - 13, 2011

Head to the beauty of the Gatineau Hills under the capable leadership of Emmanuel leaders and have an amazing adventure in the great outdoors!

This program is for Emmanuel youth grades 5 - 8.

youth@emmanuelunited.ca 613 733 0437



The Canoe Adventure

APPLICATION FORM EMMANUEL UNITED CHURCH

613 733 0437 youth@emmanuelunited.ca

July 11 -13, 2011

This program is for our youth in our grade 5, 6, 7 and 8 Sunday School.

Head to the beauty of the Gatineau Hills under the capable leadership of Emmanuel leaders and have an amazing adventure in the great outdoors!

If you are interested in attending please fill in this registration form. There will be a charge of \$50 in order to pay the expenses associated with camping. Each child will also be asked to contribute food.

CHILD'S DEMOGRAPHIC INFORMATION

First Name _____ Last Name _____

Age _____ Birth Date: Year _____ Month _____ Day _____

Female _____ Male _____ Grade _____ School _____

Home Phone _____ email _____

Address _____ City _____ Province _____ Postal code _____

If possible, please put my child in a tent with

PARENT OR GUARDIAN INFORMATION

Names of Parent(s) or Guardian(s): _____

Emmanuel Member: Yes _____ No _____

Daytime Telephone: (1) _____ (2) _____

Alternate Emergency Contact: _____

Phone _____ email address: _____

MEDICAL AND SPECIAL NEEDS INFORMATION

Who is in possession of this child's Health Insurance Information?

Name _____ Daytime Phone: _____

Doctor's Name: _____ Phone: _____

The Emmanuel Canoe Adventure is committed to meeting the individual needs of each child to facilitate their full participation in the program. Any information about physical, emotional, or family issues that could affect a child's participation would be helpful. **Please identify any issues, medical (including allergies) or otherwise, about which Camp leaders should be made aware:**

If your allergy requires an epipen it must be on the child at all times.

CONSENT AND WAIVER

I (we) give permission for _____ to attend the Canoe Adventure Camp at Lac la Peche. I understand that while all reasonable precautions will be taken and Emmanuel United Church will not be held responsible in any way for injuries sustained by my child as a result of his/her participation in the Canoe Adventure.

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the leaders of the Canoe Adventure to secure the services of a licensed physician to provide the care necessary for my child's well-being. I further understand that photographs may be taken of my child participating in the Canoe Adventure by leaders, other parents, or participants.

- Please do not publish photographs of my child for the purpose of reporting on or promoting the Canoe Adventure program.

Signed: _____ Date: _____

Please ensure that all information on this form is complete and accurate before submitting to the church office. Spaces are limited so if you are interested complete this form as soon as possible. A more complete package of information including kit list and permission form will be given out the first week of July to those accepted for the canoe Adventure

Application Received: _____

Payment Received: _____

Fee \$50. Please make cheques payable to Emmanuel United Church