

SUMMER KIDS CAMP July 4-8 9am - Noon



3900 Arcola Ave East 306-352-4673 www.mylivinghope.ca

Child's Name:					
First		La	st		
Age on July 1, 2016*:		Day Year	_ Grade comple	ted end of June 2016:	
Does your child have any hea	alth concerns?	YES NO	If "Yes" pleas	se explain:	
ls your child on any medicat	ion? YES NC) If "Yes"	please list:		
ls your child on a special die	t or have any all	ergies?	YES NO If	"Yes" please explain:	
Will your child have an EPI P Will your child have an asthr					
Parents/Guardians:					
Address:			City:	PC:	
Home Phone:	Cell	:		_ Work:	
Email Address					
Emergency Contact: □chec	k if same as abo	ve			
Name:	Relationship to Child:				
Home Phone:	Cell Phone:				
Church normally attended: _					
*Children must be age 3 by Jan	uary 1, 2016 and բ	ootty traine	d. **All informat	ion is for church use only.	
May & June: 1 chi Please *For family discount, children r	ild: \$35 ◆ 2 ch make cheques nust be from the s	ildren*: \$3 payable to same immed	er child • 3+ of the child • 3+ of the child • of Living Hope A	children*: \$20/per child 3+ children*: \$25/per child Iliance Church.	
Waiver and Release \$2.00 fee in	s included in regis	tration cost			
	<u>FC</u>	OR OFFICE	USE ONLY		
Amount \$	Cash	Visa	Cheque	Cheque #	

Waiver and Release

In consideration of the sum of Two Dollars (\$2.00) and other good and valuable consideration, the receipt and sufficiency of which is herby acknowledged, the undersigned herby release and forever discharges Living Hope Alliance Church Regina Inc., its employees, agents, directors, representatives, successors and assigns of and from any actions, causes of action, demands, claims and/or liabilities of whatsoever nature and kind which might arise from the activity described in the attached Schedule "A" which is incorporated herein, including any actions, causes of action demands, claims and/or liabilities for personal injury, illness, property damage, financial loss or any loose or injury or damages of any kind whatsoever, foreseen or unforeseen, present or future, which might be sustained by the undersigned as a result of the said activity.

The undersigned also hereby agrees to indemnify Living Hope Alliance Church Regina Inc. and its employees, agents, representatives, directors, successors or assigns on account of or by reason of any claim advanced against them or any of them, for any losses or damages sustained by them, or any of them, arising out of the said activity by the undersigned.

The undersigned also hereby consents to Living Hope Alliance Church Regina Inc. uses of pictures and/or video of the undersigned taken while participating in Living Hope Alliance Church Regina Inc. activities, for promotional purposes. Living Hope Alliance Church Regina Inc. will not use any inappropriate pictures and/or videos for promotional purposes.

This agreement shall be binding upon the undersigned and the legal representatives, heirs, assigns or successors of the undersigned.

DATED at Regina, Saskatchewan this	day of	, 20	
Witness	Signature of Child – under 18 years of age		
I/We(names of parents/guardians)	am/are the guardian(s) of		
(name of child)	As such, I/we am/are executing	this Waiver	
along with(name of child)	and agree that the provision	is hereof are	
binding on me/us.			
DATED at Regina, Saskatchewan this	day of	, 20	
Witness	Signature of Child of Parent/Gua	ardian	
Witness	Signature of Child of Parent/Gua	ardian	