

# Registration Form

**Cost: \$20 or \$5** Please make cheques payable to RAC

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

Indicate:  Basketball  Soccer  Cheerleading  4 & 5 Class

Sport choice may NOT be changed after first day of camp.

*Regina Apostolic Church  
808 Assiniboine Ave E  
789-1234*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_  4-5yrs  6-8yrs  9-12yrs Grade: \_\_\_\_\_ (Fall'09)

Home Church: \_\_\_\_\_ Hospitalization #: \_\_\_\_\_

### In Case Of Emergency Call:

**Name:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

### Parental Consent Form

With any sport there is a possibility that injury may occur.

We, the parents or guardians of the registered children, absolve Regina Apostolic Church and any participating churches, schools, and organizations of all responsibility with respect to any injury sustained during participation in the program.

We give our permission for Regina Apostolic Church to obtain medical treatment for our child if required.

We hereby authorize the staff of Regina Apostolic Church to make any and all decisions regarding the emergency treatment of our child.

We also understand the Regina Apostolic Church retains the right to use, for publication and advertising purposes, photographs of campers taken at camp.

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

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