

Heroes on the Move Camper Registration Form 2011



Camper Name	Gender M/F	Age as of July 31	Birth date (dd-mm-yy)	Week Attending		Youth T-shirt Size**					Office use only	
				Soccer July 4-8	Track & Field July 11-15	XS	S	M	L	XL		
1.												
Medical conditions or allergies (eg. nosebleeds, asthma, medications):												
2.												
Medical conditions or allergies (eg. nosebleeds, asthma, medications):												
3.												
Medical conditions or allergies (eg. nosebleeds, asthma, medications):												
4.												
Medical conditions or allergies (eg. nosebleeds, asthma, medications):												

** If your child requires an adult sized t-shirt, please specify (name and size) here: _____

Family Information

Parent(s)/Guardian(s): _____

Mailing Address: _____

City/Town: _____

Postal Code: _____

Email: _____

Home Phone: _____

Cell: _____

Work Phone: _____

Emergency Contact Information

Please provide at least one emergency contact other than the parent/guardian

1. Name: _____

Phone: _____

Relationship to Child(ren): _____

Cell: _____

2. Name: _____

Phone: _____

Relationship to Child(ren): _____

Cell: _____

Special Request for Huddle Assignment

Children will be assigned to huddle groups based on their age as of July 31st. If you would like your child to be in a huddle group other than his/her age, please specify the child(ren)'s name and the age group you would like him/her to be assigned to (must be within one year of your child's age). Please also note if there is a particular child with whom your child would like to be placed:

Waivers and Release of Information



Pick-up Information

I permit the HOTM staff to release my child(ren) to the following individuals (also specify if your child may walk/bike home):

Address Permission

May we give your child(ren)'s address to his/her huddle leader so that he or she may contact your child after camp (Christmas card, birthday card, etc.)? €Yes €No



Waivers and Releases (Please initial that you have read and agree with each section – this is mandatory for admission)

Initials Here	<p>Release of Liability: I hereby acknowledge and assume the risk of my child(ren)'s participation in the sports camp and VBS activities at Heroes on the Move. I understand that there are inherent risks involved with these activities, including, but not limited to, injury, cardiac arrest, and death. I hereby acknowledge my understanding and acceptance of the risks and hereby indemnify, release and hold harmless Heroes on the Move event organizers, staff, Port of Fellowship Baptist Church, Port Elgin Missionary Church, Southport Pentecostal Church, Bay Leaf Baptist Church and their boards and members from any claims of injury, damage or loss to person or property that may result from my child(ren)'s participation in Heroes on the Move.</p>
Initials Here	<p>Medical Release: I authorize the supervising staff of Heroes on the Move to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the child(ren) named on this form in the event that I cannot be reached.</p>
Initials Here	<p>Permission to Teach: I agree to permit my child(ren) to be taught the Bible and about Jesus according to the doctrines and beliefs of Heroes on the Move for the duration of Heroes on the Move.</p>
Initials Here	<p>Media Release: I give permission for my child(ren) to be photographed, videotaped and interviewed by representatives from and /or staff of Heroes on the Move for promotional and public relations purposes within the Saugeen Shores, Grey and Bruce County area. I authorize the use and reproduction by Heroes on the Move or anyone authorized by Heroes on the Move of any and all photographs and/or videotapes taken of my child, without compensation to me/my child(ren). All photographs and videos shall be solely and completely property of Heroes on the Move. I waive the right to inspect or approve the finished photographs/video recordings, and the sound tracks, scripts or any other printed matter that may be used in conjunction with this event. <i>Note: If you have concerns about your child(ren)'s pictures being used for promotional purposes, please inform us in writing by June 10, 2011. Each submission will be handled on a case by case basis.</i></p>
Initials Here	<p> Permission for Participation: I grant my child(ren) named on this form permission to participate in Heroes on the Move Soccer activities from Monday, July 4 – Friday, July 8, 2011. I am aware that campers will be walking to Pierson Soccer Fields twice each day.</p>
Initials Here	<p> Permission for Participation: I grant my child(ren) named on this form permission to participate in Heroes on the Move Track and Field activities from Monday, July 11 – Friday, July 15, 2011.</p>

I, _____ am the parent/guardian of _____
 _____ (children's names). All the information provided on this form is correct to the best of my knowledge.

Parent /Guardian signature: _____ Date: _____

Payment Calculation

	Item	 July 4-8	 July 11-15
Early Bird Rate Before May 15	*First camper \$100		
	Additional campers @ \$80 ea.		
Regular Rate May 16 – June 10	*First camper \$120		
	Additional campers @ \$100 ea.		
Volunteer Discount			
Donation <i>Income Tax Receipts for \$20 or more</i>			
TOTAL			

Make cheques payable to **Heroes on the Move**.
 Mail registration form and payment (cheque) to:
Heroes on the Move
 P.O. Box 2290, Port Elgin, ON N0H 2C0

For additional information, or to inquire about financial assistance, call Barb at 519-706-HOTM.

Children's Fitness Tax Credit receipts will be issued for the eligible portion of camp fees.

Information packets and receipts will be mailed to registered campers by June 17th.