Kids' Summer Camp - Breslau Mennonite Church

226 Woolwich Street South Breslau, ON N0B 1M0 (519) 648-2501

August 17-21, 2015 – 8:45-9:00 drop off ~ 11:30 -11:45 pick up

Children ages 4 – 11 (born in 2004 – 2011) More Info: website www.breslaumennonitechurch.ca

| Name | Grade in September |
|--|---|
| Date of Birth | Health Card# |
| Address | |
| | |
| Phone | Cell Phone |
| Email | |
| Emergency Contact Info | rmation (other than parents) |
| Name: | Phone: |
| Does your child have any | y severe allergies or medical conditions (bee stings, food, or penicillin)? |
| NoYes Please exp | olain |
| Does your child carry an | Epipen or Inhaler? No Yes Please explain |
| All leaders follow BMC's | Safeplace Guidelines (details available upon request) |
| | child to have their photo taken while at Breslau Mennonite Church Summer Camp, nd that photos will only be used for slide shows inside the church and for archival made public. |
| Parent's Signature | Date |
| consent for medical treat | arefully before signing dians named above, authorize the ministry staff of Breslau Mennonite Church to sign ment and to authorize any physician or hospital to provide medical assessment, for the participant named above. |
| Ministry staff, Breslau Me suffered by the participar of any medical treatment | dians named above, undertake and agree to indemnify and hold blameless the ennonite Church, its Pastors and Elders from and against any loss, damage or injury at as a result of being part of the activities of the Breslau Mennonite Church, as well as a authorized by the supervising individuals representing the church. This consent and only when participating in or traveling to events of the Breslau Mennonite Church gust 17-21, 2015. |
| Parent's signature | Date |
| Printed name | |
| Please return to Breslau Me | ennonite Church, by email (office@breslaumennonitechurch.ca), post, or drop off at the church |