

Activity Authorization Form

I hereby grant permission for my child, _____ to attend and use all amusement attractions at Stone Mountain Park and participate in all of the activities while with: Church of the Redeemer Survival Camp Staff

I understand that amusement rides, slides, large climbers, chairs, hiking trails, golf clubs, fire pit (for camp fire) and other toys are used on a regular basis.

I also understand that helmets, and knee and elbow pads and other safety equipment will be provided for Stone Mountain Activities but will NOT be provided by the caregiver; however, will be required for activities such as bike riding, roller-blading, skateboarding, tobogganing, etc. (These are to be provided by the parent.)

I will not hold Church of the Redeemer responsible for injuries incurred while using equipment and attending Stone Mountain Park while there or in transit, providing the children are supervised and the equipment is in good repair.

Comments or concerns as noted by parent:

Parent's Signature: _____

Parent's Signature: _____

Date: _____

Survival Camp Registration Form Child

Last Name:	
First Name	Middle Name:
Nickname:	
Birth Date:	Start Date:

NAMES OF SIBLINGS & BIRTH DATES:

PARENTS OR GUARDIANS

(1) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Employer:	
(2) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Employer:	

OTHER EMERGENCY CONTACT

Name:	Relationship to Child:
Home Phone:	Work Phone:

AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.

Name	Address	Phone
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A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION

Doctor	Office Phone
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Address	
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City:	Postal Code
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Medical Ins. #	Child's Personal ID#:
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Allergies:

Medical Problems:

Medication:

ADDITIONAL INFORMATION: Please indicate likes/dislikes, potty training, special interests, etc.

IMMUNIZATION:

The Health Unit now requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your local health unit.

EMERGENCY CONSENT:

It is our policy of to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE
STAFF OF MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN
AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER
AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

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Parent/Guardian Signature

Parent/Guardian Signature

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Date:

Date: