W E S T W I N D S C O M M U N I T Y C H U R C H

6331 - 176th Street SURREY (604) 576 9407 www.westwindschurch.com

Camp WestWinds

Pre K to Gr. 6

August 12th to 16thth 2019 9am to Noon

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_

Parents’/Guardians’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies, need of developmental support or health concerns? Y / N Please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost

Cost Pre Registration $25 (Before June 23rd) Registration $35 (Before July 21st) Late Registration $45 (Before August 7th $50 at the door or $12/ day www.westwindscommunitychurch.com\*A week’s registration includes a t-shirt.

Friend Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Leader(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forms Completed: \_\_\_\_ Yes

Paid: \_\_\_ Cash \_\_\_ Cheque \_\_\_ Credit/Debit \_\_\_ Online

**Information is used in WestWinds Community Church’s Office only and will not be distributed.**

**W E S T W I N D S C O M M U N I T Y C H U R C H**

Camp WestWinds

Release, Waiver and Assumption of Risk

I (we), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the parent/legal guardian to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that there is a degree of risk involved in some activities during Camp WestWinds August 12th to 16th 2019, 9am to Noon. After carefully, considering all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child/ward, recognizing that I (we) am responsible to notify the registration team of any pre – existing medical, mental or social conditions my child/ward may live with, which may need/require added precautions or added support to ensure that level of reasonable precaution and safety, I (we) authorize my child/ward to participate in Camp WestWinds – at WestWinds Community Church at 6331 176th Street in Surrey BC, August 12th to 16th 2019 9am to Noon.

I (we) do hereby release WestWinds Community Church and all their officers, directors, trustees, agents, employees, servants or representatives from all liability, claim causes of action of any kind whatsoever, in respect to personal injuries, loss of life or property losses which our child/ward or I (we) may suffer arising out of the activities at Camp WestWinds August 12th to 16th 2019 9am to Noon.

I (we) understand clearly that by signing this release, I (we) will be forever prevented from suing or otherwise claiming against WestWinds Community Church, their members, officers, directors, trustees, agents, employees, servants or representatives with respect to any matter arising from these activities.

Signature(s) of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

I (we), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the parent/guardian to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby give permission to specified and approved photographers/videographers to take photos, digital images or video and give a release for images of said child solely for “in house” promotional purposes at WestWinds Community Church or to be used on the church’s website [www.westwindschurch.com](http://www.westwindscommunitychurch.com) and social media.

Signature(s) of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_