

ST. JOSEPH AND IMMACULATE CONCEPTION PARISHES
FAITH ALIVE 2018 REGISTRATION FORM
Monday July 23rd to Friday July 27th – 9:00 a.m. to 12:00 p.m.
St. Joseph's Church

Child's Name: _____ Grade as of Sept. 2018 _____

T-Shirt Size – **Youth s m l xl**

Parent/Guardian: _____

Email Address: _____ Phone Contact: _____

EMERGENCY CONTACT

Name: _____ Relationship _____ Phone _____

Medical and Health Information

1. Ontario Health Card Number _____

2. Allergies/Special Medical Needs/Food request

3. Physical and Behavioral Needs (Confidential Information)

To ensure your child has a positive, enjoyable and safe time at camp, please indicate below any physical or behavioral exceptionalities we should be aware of.

PARENT'S (GUARDIAN) SIGNATURE _____

Photographs – I give / do not give consent to have my child's picture taken or recorded and possible posted on parish website.
