



# Junior Youth Camp Registration Form

Once you've downloaded this form, please SAVE AS: JYC Form\_Camper's Lastname, Camper's Firstname.PDF. Example: *JYC Form\_Milne, Adam*. In the event of multiple Campers, please save it as: *JYC Form\_MilneFamily*.

**Parent or Guardian's Name:**

**Parent or Guardian's E-mail:**

**How many of the children in your care will be attending Camp?**

**Please state their name(s):**

**Mailing Address (including postal code):**

**Phone Number:**

**Would you like to be included on the Crosstalk Ministries or Junior Youth Camp Mailing lists?**

Yes          No

**E-mail Address(es) for Camper(s):**

**Permission to share the contact info of the Camper(s) with other Campers:**

Yes          No

**Home Parish/Community/Children's Ministry Contact:**

**I permit the use of photo and video footage of my child to be used by Crosstalk Ministries and Junior Youth Camp for promotional purposes (could include social media posts):**

Yes          No

## Emergency Contact

**Name:**

**Relationship to Camper(s):**

**Phone Number:**

**Alternate Phone Number:**



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## RL24s

To be eligible for an RL24, the government requires the Social Insurance Number of the parent/guardian of the Camper who it will be issued to.

**Parent or Guardian's Name:**

**Social Insurance Number:**

## Camper and Medical Info

If you have multiple children attending Camp, please fill out pages 2 and 3 of this form separately and save them as the different names.

**Name of Camper:**

**Name the Camper usually goes by:**

**We typically place the Campers with other campers their age and gender.**

**Date of birth (YYYY-MM-DD):**

**Female**

**Male**

The purpose of this section of the form is to provide the Staff with information in the event a medical emergency or unforeseen problem. All information is strictly confidential.

**Medicare/OHIP #:**

**Exp. Date:**

**Serious Allergies?**

**Usual Treatment:**

**Any Medical Conditions that the child may be subject to?**

**Yes**

**No**

**Usual Treatment:**



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List any medication currently taking:

Please state if your child requires a specific diet:

Vegetarian

Vegan

Gluten-Free

Dairy-Free

Nut-Free

Other

Please state any specific food allergies or intolerances:

Our program may include hiking, swimming, etc. Does your child suffer from any physical or emotional disorder that would prevent their participation in those activities?

Yes    No

To the best of my knowledge my child(ren) is (are) in good health. I hereby authorize Crosstalk Ministries and/or its appointed representatives to secure such medical advice and services as may be deemed necessary for my health and safety. Crosstalk Ministries cannot be held responsible for any accidents that may occur.

Parent or Guardian's Signature