

2670 Radcliffe Dr. S.E.,
Calgary, Alberta
Phone Number: 235 - 3636 ext. 24
Email: akung@gbccalgary.com



July 13 - 17, 2009
9:00am - 3:30pm
Kindergarten - Grade 6



WHERE FEARLESS KIDS SHINE GOD'S LIGHT

CROCODILE DOCK WAIVER AND MEDICAL RELEASE FORM

Does your child have any allergies? YES ___ NO ___

If yes, please explain: _____

Is your child bringing any medication with him or her? (Antibiotics, Ventilator, etc.) YES ___ NO ___

If yes, please explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES ___ NO ___

If yes, please explain: _____

I, the parent or legal guardian of the above child, allow him/her to attend Crocodile Dock Day Camp on the week of July 13-17, 2009. Precautions are taken for the safety and health of every child, but in the event of accident or sickness, Grace Baptist Church, its staff, and its volunteers are hereby released from any liability. In the event that a child requires special medication, x-ray or treatment, the parents/guardians will be notified immediately. I hereby authorize a staff member or volunteer from Grace Baptist Church to seek and obtain such emergency or medical services for my child as deemed necessary at the time.

Parent/Guardian: I have read, understood, and agree with the above statement.

Signature: _____ **Date:** _____

I give permission for photographs or video to be taken of my child at the Day Camp for purposes deemed appropriate by Grace Baptist Church. This consent and authorization is effective only when participating in or traveling for events of the Crocodile Dock Day Camp of Grace Baptist Church.

Parent/Guardian: I have read, understood, and agree with the above statement.

Signature: _____ **Date:** _____

Alberta Health Care Number: _____

Emergency Contact: _____ Phone Number: _____



Please tear here and return the bottom portion to the Children's Ministry office, along with your payment.

CROCODILE DOCK REGISTRATION FORM

Child's Name: _____ Male Female Grade in September: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Parent/Guardian: _____ Phone Number (H): _____ Work/Cell: _____

My Home Church (if applicable): _____

Other participants my child would like to be grouped with: _____

Cost of Crocodile Dock:

- Early Bird Registration of \$55.00 per child (before June 7, 2009)
- Regular cost of \$65.00
- I need the before and after care for \$5.00 per child per day for _____ days.*
- Daily Rate of \$20.00 per child for M___ T___ W___ Th___ F___

*Before care drop off begins at 8am and after care pick up is at 5 pm.

Please make cheques payable to Grace Baptist Church. This cost is non-refundable. Payment must accompany this form in order to register your child. Any question, please contact Pastor Alice at 235 - 3636 ext.24.

