

# Zion Evangelical Missionary Church

## Adventure Day Camp July 7 - 10, 2026

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### GENERAL INFORMATION

Family Name \_\_\_\_\_ Parent(s)/Guardian Names \_\_\_\_\_

- 1) Child's First Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_ Grade in the fall: \_\_\_\_  
Birthday: (M/D/Y): \_\_\_\_\_  
Allergy information/Other: \_\_\_\_\_
  
- 2) Child's First Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_ Grade in the fall: \_\_\_\_  
Birthday: (M/D/Y): \_\_\_\_\_  
Allergy information/Other: \_\_\_\_\_
  
- 3) Child's First Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_ Grade in the fall: \_\_\_\_  
Birthday: (M/D/Y): \_\_\_\_\_  
Allergy information/Other: \_\_\_\_\_

### CONTACT INFORMATION

Home Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Other: \_\_\_\_\_

Which # should be tried first? \_\_\_\_\_

Email: (Optional) \_\_\_\_\_

### MEDICAL WAIVER AND RELEASE

I hereby release Zion Evangelical Missionary Church of any legal or financial responsibility in case of accident or injury of my child while he/she is involved in any of the activities sponsored or coordinated as part of Adventure Day Camp. This may include, but is not limited to, transportation and activities during club times. I understand that a program of this nature involves risks, including the possibility of personal injury. I give permission to the staff to administer medical treatment if deemed necessary. Further, I give permission for treatment to be given by a doctor in case of a medical emergency involving my child. All information I have given is complete and accurate to the best of my knowledge.

Parent/Guardian Name (please print clearly): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BEHAVIOR POLICY

Adventure Day Camp is an exciting and fun place to be, especially if everyone follows the rules. Our basic rule for all those in attendance can be summarized in one word. RESPECT. This means: respect leaders, respect yourself and team-mates, and respect the property.

In the event that behavioural issues arise, please see the following disciplinary steps which will be taken.

- Concerns will be discussed with the child
- Expectations will be clarified to make sure the child knows that behaviour change is expected
- The child may be asked to sit out of an activity
- The child will be brought to the camp Director
- Communication will be made with the parents at the end of the day, in person or by phone.
- If problems persist, the child will be sent home

### **PICTURES AND VIDEO**

Please know that photos and videos will be taken during Adventure Day Camp and may be used for future promotional or celebratory use. Initial \_\_\_\_\_

I have read, agree with, and have discussed the behaviour policy with my child(ren) listed on this registration form.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **SELF SIGN-OUT**

Only sign below if you authorize your child(ren) to sign themselves out and leave unaccompanied each day after Adventure Day Camp.

**I hereby authorize my child(ren) to leave Adventure Day Camp unaccompanied at the end of each day.**

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Questions?**

please give us a call at 780-941-3923 or email [office@zionchurch.ca](mailto:office@zionchurch.ca)  
Zion Evangelical Missionary Church