

Performing Arts Camp, July 19-23, 2010 9:30AM – 2:30PM

Ages 6-12, \$85.00 per Child

Spruce Grove Alliance Church, 250 Century Road

(Please Print)

(A) PERSONAL INFORMATION

Last name: _____ First Name: _____ M _____ F _____

Address _____ Postal Code _____

Phone Number: _____ Alternate Phone Number (cell, work): _____

Birthdate: _____ Grade (As of JUNE 2010) _____

Parents/Guardians Names: _____

Child's Date of Birth: _____ School Child Attends _____ Email: _____

Child interested in (Check all applicable) Singing _____ Acting _____ Dancing _____

Previous Experience (Ex: Choral concerts, acting experience, classes taken)

(B) EMERGENCY INFORMATION

1. Emergency Contact Name: _____ Phone: _____ Relationship: _____

2. Emergency Contact Name: _____ Phone: _____ Relationship: _____

Alberta Health Care Number: _____ Family Doctor & Ph #: _____

Allergies: _____

PLEASE LIST SPECIAL NEEDS (Down's syndrome, Tourette's, FASD, Epilepsy, etc.) _____

(C) WAIVER

I, the parent or guardian of the above named participant, give my voluntary consent to his / her participation in Spruce Grove Alliance Church Performing Arts Camp activities and agree to all conditions of enrollment in this camp. Furthermore I authorize Spruce Grove Alliance Church (SGAC) staff to approve and obtain any and all medical attention and medical staff in the case of a medical emergency; with the understanding that all reasonable attempts have been made to consult with myself beforehand except in the case of minor illness and / or first aid where deemed appropriate; with the understanding that I will take responsibility for any additional expenses that may result from such services. Furthermore, I release SGAC, its Elders, Volunteers, staff and agents from any loss, personal injury, accident misfortune or damage to the above named or his / her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named. I understand that SGAC, its staff or agents reserve the right to dismiss a participant who is in their opinion a hazard to the safety and well-being of others, who appears to have rejected the reasonable guidelines of the activity. I, the parent or guardian declares that the applicant is normal in condition and habits and is amenable to necessary discipline. I, the parent or guardian agrees to permit the use of photos and / or videos of the applicant in promoting the church and / or the church activities and programs. **Failure to disclose problems at time of application could result in dismissal. I have read all the information in this waiver and accept the conditions of enrollment with the full knowledge that this form with my signature may be used as a legal document in any court of law.**

Parent Signature: _____

Date: _____

For Office Use only _____

Payment Cash _____ Check # _____ Debit _____ Visa _____ M/C _____ Not Paid _____

Balance Owing \$ _____