

**Don't Delay! Bring your registration package today:**

1. To the OLP Office (open Mon-Fri, 9:30-4:30)
2. To Arnold Samson (Youth Minister, at OLP on Sundays)
3. To Sunday Mass: drop in the Offertory basket in an envelope marked "Summer Camp 2026"

Packages must contain this form with BOTH sides completed as well as registration fee (Cash or Cheque only please; cheques payable to: Our Lady of Peace Parish).



**Child:** LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

**Parent:** LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE (home/work & ext) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HEALTH CARD # FOR CHILD (optional) \_\_\_\_\_ CHILD'S GENDER: M \_\_\_ F \_\_\_

CHILD DOB: \_\_\_\_\_ AGE (by camp start) \_\_\_\_\_ GRADE (by Sept 2026) \_\_\_\_\_

**EMERGENCY CONTACT:** NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

In the event that the parent/guardian responsible cannot be reached, **the emergency contact must be available during camp hours (9:00am - 4:00 PM) by phone, and able to pick up your child.**

**HEALTH CONCERNS**

If your child has **any**: physical or mental health concerns, learning difficulties or disabilities, **including medications, allergies & dietary restrictions**, please indicate below:

\_\_\_\_\_

I/We, \_\_\_\_\_ consent to give \_\_\_\_\_ (child's name) permission to participate in the OLP 2026 Summer Camp. I understand that my child will be under approved care and supervision, but if an accident should occur that may bring injury to my child in any way, I/we will not hold Our Lady of Peace Parish, staff or volunteers responsible. I am aware of my responsibilities to; adhere to drop off & pickup times, avoiding any nut products being brought to the camp. **I have disclosed any important health/behavioural concerns to the Youth Minister, and I have provided a responsible emergency contact that is available during camp times by phone, & to pick up my child if I am not available.**

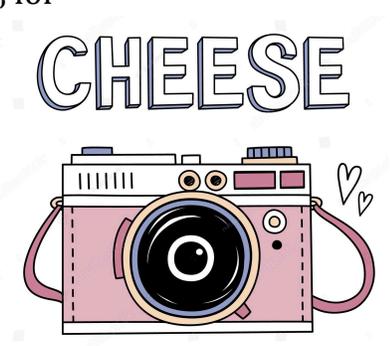
Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ **Camp Days attending (please circle):**

**August:**      3      4      5      6      7

**Photo Release:**

I understand the Our Lady of Peace Youth Ministry may take photos and/or videos of Summer Camp participants during program activities and events, for use in educational or promotional materials in print, multimedia or web form. Photos/videos will only be used for purposes related to Our Lady of Peace and will appropriately represent Catholic values. Please check The correct box below as to whether you wish or do not wish to grant Our Lady of Peace permission to use your or your child's photos/videos taken during a program:



- IDO** grant permission for the use of my or my child's photos/videos
- IDO NOT** grant permission for the use of my or my child's photos/videos (children will be removed or blurred from group photos.)



Are you able to volunteer with us during Summer Camp 2025? We can always use an extra set of hands during the camp days to help out with things like snacks, distributing crafts and more. Even if you've never participated in youth ministry at OLP before, do you want to give it a try? We would love to have your help!

Please put down your name, phone number and email address so we can have you contacted by our youth ministry to figure out where you'd like to help, and when you can be available.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please note down anything you'd like to help with & when you might be available during the camp:

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