

Don't Delay! Bring your forms today:

1. To the OLP Office (open Mon-Fri, 9:30-4:30)
2. To Arnold Samson (usually at the Sunday 11:30 children's mass)
3. In a sealed envelope in an offertory basket at Saturday/Sunday mass marked "2024 kids camp"



Child: LAST NAME _____ FIRST NAME _____

Parent: LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE (home/work & ext) _____ (cell) _____

EMAIL ADDRESS _____

HEALTH CARD NUMBER FOR CHILD _____ CHILD'S GENDER: M _____ F _____

CHILD DATE OF BIRTH: dd _____ mm _____ yyyy _____ AGE ON CAMP DATE _____ GRADE _____

EMERGENCY CONTACT NAME _____

PHONE _____ EMAIL _____

ADDRESS _____

In the event that the parent/guardian responsible cannot be reached, the emergency contact must be available to reach during camp time (9:30am-3pm) by phone.

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, _____ (Parent/Guardian) consent to give _____ (camper's name) permission to attend and participate in the OLP "Blast from the Past" children's summer camp at Our Lady of Peace Parish, Etobicoke, ON. I fully 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, providing personal lunches Monday-Thursday, avoiding peanut products at camp, and have disclosed any important health or behavioural concerns to the Youth Minister and Staff.

Parent signature: _____

Date: _____

Parent Name: _____

Payment Received: _____

Photo Release:

I understand the Our Lady of Peace camp team may take photos and/or videos of program 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:



- I DO grant permission for the use of my or my child's photos/videos
- I DO 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 one morning or afternoon with us during camp week? We can always use an extra set of hands to help out with things like snacks, distributing crafts and more.

Even if you've never participated in youth ministry Before, would 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: _____