

2025 Registration Form

Please check your camp selections:

1. June 30 - 4th - Jr. Leadership Camp (Gr. 7-9)		5. July 28 - August 1 - Camp Jam-Battle Of The Bands (SK- gr. 6)	
2. July 7 - 11- Journey To The Past (SK- gr. 6)		6. August 5 - 8 - Colour My World <i>(a short week for gr. 3 - 9)</i>	
3. July 14 - 18 - Flavours of the World (SK - gr. 6)		7. August 11 - 15 - Champions In The Making (SK - gr. 6)	
4. July 21 - 25 - Mad Scientist (SK - gr.6)		8. August 18 - 22 - Made By Me (SK - gr. 6)	

***Camp Fees - \$100 per camper/ \$200 family rate (2 or more children)**

CAMPER INFORMATION

Name: _____

Gender/Identify: _____ Birth Date: _____ Grade in September: _____

Address: _____

MEDICAL INFORMATION

Health Card #: _____

Doctor's Name: _____ Phone Number: _____

Does your child have any medical conditions? Yes _____ No _____

If YES, please list: _____

Does your child require any medication? Yes _____ No _____

If YES, please list (including instructions): _____

Does your child have any allergies? Yes _____ (list below) No _____

Food: _____

Medications: _____

Other: _____

Additional information about your child: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone _____

Cell Phone: _____

Email: _____

Email: _____

NORWICH UNITED CHURCH

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone (day): _____

Phone (other): _____

PICK-UP/ DROP OFF

How will this camper arrive at camp each day? (Car, walk etc.) _____

How will this camper be getting home each day? _____

Who will be transporting this camper home? Please give name(s) and relationship to camper:

Is there anyone who **MAY NOT** pick up/take home this camper? _____

Reason: (e.g. - Custody, restraining order, etc.) _____

Comments _____

LIABILITY WAIVER

I approve my child's participation at the Norwich United Church Camp, including any normal camp activities associated with the Camp. I assume all responsibility for any injury, loss, or damage my child might suffer in connection with their participation in camp programs. I, for myself and my child, release the Norwich United Church Camp from any claim or action for any injury that my child may incur while attending the Camp.

Signature: _____

Date: _____

PERMISSION FOR MEDICAL TREATMENT

In case of injury or illness at the Norwich United Church Camp, I grant permission to Camp personnel to administer medical treatment, first aid care, or to take my child to a medical clinic or hospital to receive medical treatment. I agree that the Norwich United Church Camp will not be held responsible for any accident or sickness suffered by my child. If, for any reason, my child requires medication beyond that is furnished by the Camp, I agree to be responsible for any expenses incurred.

Signature: _____

Date: _____

FIELD TRIP PERMISSION

My child has permission to attend off-site activities during the Camp. I consent to my child travelling to such activities by walking in the company of Camp personnel or, where required, traveling by bus or private car.

Signature: _____

Date: _____

PERMISSION TO USE PHOTOS

During Camps, digital media may be taken for media or marketing purpose. If you are willing to have your child participate in film or photo opportunities please sign the image release below.

My child has permission to be photographed, filmed or recorded during their participation in Camp activities and grant Norwich United Church Camp permission to publish my child's pictures/videos on the Camp's website and social media pages and in presentations, promotional literature, advertising, or in other similar ways.

Signature: _____

Date: _____

LIMITED SPACE AVAILABLE - Registration forms are due 1 week before the camp week begins. **Payments are due no later than Monday of each camp week.** Reimbursement of fees is available only when withdrawal is at least 1 week prior to start of that camp. A 'Pay When You Can' option available. **Please contact the Church office - 519-863-3637 or nuccamp@execulink.com**

Method of Payment: **CHEQUE** ☐ (payable to NUC Summer Camp) **CASH** ☐ **E-TRANSFER** ☐