

**NORWICH UNITED CHURCH**  
**March Break Registration**  
**Mon, 16th - Fri, 20th, 2026**

(\$25 per child per day)

**Days Attending:** Mon\_\_\_ Tues\_\_\_ Wed\_\_\_ Thurs\_\_\_ Fri\_\_\_ Total= \_\_\_\_\_

**Camper Information:**

Name: \_\_\_\_\_ F\_\_\_ M\_\_\_ Birth Date: \_\_\_\_\_ Gr. \_\_\_\_\_

Address: \_\_\_\_\_

Best phone number to call: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

**MEDICAL INFORMATION:**

*(Immediate phone # to call if different than above)* \_\_\_\_\_

Does your child require medication? YES\_\_\_ NO\_\_\_ If yes, list:

\_\_\_\_\_

Does your child have any medical conditions? YES\_\_\_ NO\_\_\_

If yes, list: \_\_\_\_\_

Does your child have any food allergies? YES\_\_\_ NO\_\_\_

If yes, list: \_\_\_\_\_

How will this camper arrive at camp each day? Ex- by car, walking, etc. \_\_\_\_\_

How will this camper get 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? \_\_\_\_\_

Comments: \_\_\_\_\_

**LIABILITY WAIVER:** I approve my child's participation at Norwich United Church March Break Camp including any normal activities associated with. I assume all responsibility for any injury, loss or damage my child might suffer in connection with his/her participation at NUC during March Break Camp. I, for myself and my child, release the Norwich United Church from any claim or action for any injury that my child may incur while attending the Camp.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PERMISSION FOR MEDICAL TREATMENT:** In the case of injury or illness at Norwich United Church, I grant permission to the personnel to administer their required medication or limited first aid care. I agree that Norwich United Church at March Break Camp will not be held responsible for any accident or sickness suffered by my child. If, for any reason, my child requires medication beyond what can be furnished by Norwich United Church, I agree to be responsible for any expenses incurred.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FOR OFF SITE ACTIVITIES:** My son/daughter has permission to attend off-site activities during the March Break Camp, example to Harold Bishop Park, Museum etc. I consent to my son/daughter travelling to such activities by walking in the company of Katie Cornwell and other student and adult volunteers.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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#### **Photo Release**

Your child may be photographed or videotaped during their time at Norwich United Church March Break Camp. Please indicate if photos or videos may be used for promotional purposes. Norwich United Church has permission to publish my child's pictures/ videos on the Church's website, face book page and in presentations, promotional literature, and advertising or in other similar ways.

☐ Yes

☐ No

Parent's Signature: \_\_\_\_\_