

NORWICH UNITED CHURCH



2026 Registration Form

Please check your camp selections:

1. June 29- July 3 - Jr. Leadership Camp (Gr. 7-9)	<input type="checkbox"/>	5. July 27- 31 – LIGHTS CAMERA ACTION (SK-6)	<input type="checkbox"/>
2. July 6 - 10 – ALL ABOUT US (SK-6)	<input type="checkbox"/>	6. August 4 – 7 - ART WEEK (GR. 3 -9)	<input type="checkbox"/>
3. July 13 - 17 – FLAVOUR FLAVOUR (SK-6)	<input type="checkbox"/>	7. August 10 - 14 – GOING FOR GOLD (SK-6)	<input type="checkbox"/>
4. July 20 - 24 – MAD SCIENTIST (SK - 6)	<input type="checkbox"/>	8. August 17 - 21 – LET’S BUILD IT (SK-6)	<input type="checkbox"/>

***Camp Fees - \$125 per camper/ \$250 family rate of 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

Mother/Guardian: _____ Father/Guardian: _____
 Home Phone: _____ Home Phone: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone _____ Cell Phone: _____
 Email: _____ Email: _____

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EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone (day): _____

Phone (other): _____

PICK-UP/ DROP OFF

How will this camper arrive at camp each day? (Car, walking 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 his/her 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 furnished by the Camp, I agree to be responsible for any expenses incurred.

Signature: _____

Date: _____

FIELD TRIP PERMISSION

My son/daughter has permission to attend off-site activities during the Camp. I consent to my son/daughter 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 son/daughter has permission to be photographed and/or videotaped during his/her participation in Camp activities and grant the 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. **Payments are due no later than Monday of each camp week.** Refunds are eligible only if withdrawal is a minimum of one week prior. **'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