

Creation Family Registration Form 2008

Family Surname: _____
Address: _____
City: _____ **Prov.** _____ **P.C.** _____
Phone: (_____) _____
Emergency Contact Info:
Name: _____
Relationship: _____
Phone (_____) _____
Alternate Phone (_____) _____
Email: _____
(If email address given, please look for confirmation information via email)
Church Affiliation (if any): _____

Please send completed Registration and Medical & Release forms with payment to:

Sylvan Acres Registrar
c/o Kathy Cooper
5540 Hammond Bay Rd.
Nanaimo, BC
V9T 5N1

Make cheques payable to Sylvan Acres Ministries

Names of Family Members Attending	
Parent/Guardian #1:	_____
Parent/Guardian#1:	_____
Child#1:	_____ Age: _____
Child#2:	_____ Age: _____
Child#3:	_____ Age: _____
Child#4:	_____ Age: _____
Child#5:	_____ Age: _____
Child#6:	_____ Age: _____
Child#7:	_____ Age: _____
Child#8:	_____ Age: _____
OFFICE USE ONLY	
Date Received:	_____
Payment:	
	Cheque Amount _____
	Cash Amount _____
	Sylvan Campership _____
	Total: _____

Creation Family Medical & Release Form 2008

Medical:

Doctor _____ Phone (_____) _____

Health Concerns (Please specify allergies, health problems, medications or any other concerns)

Health Care Numbers

Parent/Guardian #1 _____

Parent/Guardian #2 _____

Child#1 _____

Child#2 _____

Child#3 _____

Child#4 _____

Child#5 _____

Child#6 _____

Child#7 _____

Liability Release:

I, the undersigned, understand that I and my family are responsible to act in a safe and responsible fashion and obey requests to comply with safety regulations as directed by the designated leaders and drivers. During activities necessitating such, I understand it is my responsibility to obtain and wear suitable safety equipment. I will not endanger the safety of ourselves or others at any activity or in transportation to and from such activities. I hereby release Sylvan Acres Ministries from responsibility and liability for any injury or illness that our family may sustain during the event(s) or in transit to and from the event(s).

I authorize our being transported by the designated leaders or drivers, or they arrange for transport, to the NEAREST SUITABLE MEDICAL OR HOSPITAL FACILITY in the event of an emergency situation that is not treatable at the scene.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date Signed d/ ____ m/ ____ y/ _____

Electronic Release

I *do not* wish for any electronic reproduction of myself/ourselves, either in video, photo or audio form, to be made public.

AUTHORIZATION VALID: July 21-27, 2008

Please complete and return along with Registration Form with appropriate fees