



2024 Comin' Alive Camp Registration Form

August 12 to 16, 2024 ~ 8:00am — 12:30pm

FAMILY INFORMATION

Family Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ *Email Address: _____

Mother's Name: _____ Day Phone: _____

Father's Name: _____ Day Phone: _____

Emergency Contact Name: _____ Day Phone: _____

Relationship to Child(ren): _____

*** Cost: \$25 per child or \$60 per family of 3 or more (immediate family only)**

We accept payment of cash, cheque (made out to All Saints parish) or money order. Payment can also be made via etransfer to adminallsaints@shaw.ca (please be sure to include CAMP and your child's name if you choose e-transfer).

Amount Paid: _____ Date Paid: _____ Cash Etransfer Chq # _____ Staff Initials: _____

CHILD INFORMATION

Child's Name	Gender	Birth Date (mm/dd/yyyy)	Grade (Sept 2022)	Personal Health Care Number
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			

PERMISSIONS

**May we have your permission to use your email address to communicate Comin' Alive Camp information with you (your email will not be used for any other purpose and will not be shared with any other person or place)? Yes NO

Pictures of participants will be taken, and could be used in future church and multimedia promotions. May we have permission to use your child's picture for this purpose? Yes NO

Signature of Parent/Guardian

Date

MEDICAL INFORMATION

Do any of your children have any ***ALLERGIES to food or environment?

Yes NO

If yes, please provide a list of all allergies and treatments:

***Please be advised that a total allergen free environment cannot be guaranteed. We will endeavor to be as "peanut free" as possible, but we cannot control what children may consume prior to camp that your child may come in contact with. Snacks are prepared for the entire group and if you have concerns about the allergen safety of snacks provide, please send a small, nutritious snack for your own child each day. *Individual snacks should only be sent in the case of allergies.*

In order for us to adequately prepare for the fun and safety of all involved, it is imperative that we be advised of ALL information that may be pertinent to the involvement of your child(ren) in camp.

Do any of your children have any medical, physical, developmental or emotional conditions that may be relevant to his/her safety, well-being and enjoyment of time in camp? Yes NO

If yes, please list and explain:

Please note that if your child has qualified for assistance within his/her regular school program for severe disability or behaviour that requires adult intervention, it will be necessary that a parent or another ADULT with whom the child is familiar, accompany the child to camp each day, for the full duration of the camp. This will ensure the safety and enjoyment of all participants.

_____ I have read and understand this requirement
(Initial)

MEDICAL TREATMENT AUTHORIZATION

As parents/guardians, we hereby authorize the participant to be transported by designated leaders or coordinators to the NEAREST SUITABLE MEDICAL FACILITY in the event of an emergency situation that is not treatable on the scene. A qualified First Aid person is available at all times.

Signature of Parent/Guardian

Date

VOLUNTEER OPPORTUNITIES

Comin' Alive Camp needs help during the week of the Camp!

Please indicate jobs that you (PARENTS or VOLUNTEERS) would be interested in assisting with at camp:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Lessons |
| <input type="checkbox"/> Snack | <input type="checkbox"/> Set-up/clean up |
| <input type="checkbox"/> Music | <input type="checkbox"/> Supervision of Campers |

Please indicate which days you are available:

I am available all week.

OR I am available for the following days:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday for Camp |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday after Camp for clean-up |

Parent/Volunteer Name: _____

Phone Number: _____

Email: _____

IMPORTANT VOLUNTEER NOTE

The Diocese of Calgary's volunteer screening process is designed to Strengthen Our Parish Communities. All Priests, Deacons, Parish staff and Volunteers are asked to commit to the Code of Pastoral Conduct and Accountability, participate in the Praesidium Academy Online Training and a complete a Vulnerable Sector Police Information Check (you will be provided with an authorization letter so it only costs you \$15 which the parish can be reimbursed to you if you wish). These must be completed prior to the beginning of camp. Please contact the parish office to receive a complete Volunteer Package.

***Please note that there is at least a 4 week turnaround on the Police Information Checks, so please have these completed as soon as possible.

CAMP DETAILS

Registration Deadline: July 4, 2024

Camp Date: August 12 to 16, 2024

Time: 8:00am to 12:30pm

Place: All Saints Parish

Registration forms with payment can be returned on or before the registration deadline to All Saints Parish Office or by mail at:

Comin' Alive Camp 2024
All Saints Parish
2405 12 Avenue South
Lethbridge, AB T1K 0P4

***Please ensure that you have fully completed the registration form with all information requested so that your child can be provided with the best experience possible.