

Registration for Fun in the Son - 2025



Please write in ink

First Child's Name (First & Last): _____

Child's Age: _____ **Birthday (mm/dd/yy):** _____ **Grade completed:** _____

Alberta Health Care #: _____

Medical conditions, allergies, or recent major illnesses:

Second Child's Name (First & Last): _____

Child's Age: _____ **Birthday (mm/dd/yy):** _____ **Grade completed:** _____

Alberta Health Care #: _____

Medical conditions, allergies, or recent major illnesses:

Third Child's Name (First & Last): _____

Child's Age: _____ **Birthday (mm/dd/yy):** _____ **Grade completed:** _____

Alberta Health Care #: _____

Medical conditions, allergies, or recent major illnesses:

Dietary Restrictions (Pork/Gelatin, Etc)*:

**Please note restrictions may not be able to be accommodated in all scenarios*

Parent/Guardian's Name (First and Last): _____

Home Phone #: _____ **Cell/Work #:** _____

Address: _____
 (street) (apt. #) (city) (postal code)

E-mail: _____

Emergency Contact Information:

***Must be different from the above parent/guardian**

1) Name: _____ **Phone #:** _____

2) Name: _____ **Phone #:** _____

Please inform the above that they are your emergency contacts

Please specify which camps your children will be attending:

Film (July 14-18)

Sports (July 21-25)

MasterChef (July 28- Aug 1)

Splash (Aug 5- 8)

Mystery (Aug 11-15)

Zip Zap Zop (Aug 18-22)

*I understand that a weekly fee of \$50/child or \$100/family will be required on the first day of camp to aid in funding activities, crafts, and snacks.

Ways I am willing to help: Bring needed snacks Supervise for field trips

How did you find out about Fun in the Son?

Family/friends	Advertisement	Returning	Other:
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Emmanuel Community Church

Fun in the Son

6505-140 Ave, Edmonton, Alberta. T5A 1H1
780-475-9246

Waiver and Release of Liability

I, the parent or legal guardian of the above child/children, release Emmanuel Community Church, its officers, members, volunteers, and agents from any and all claims arising from participating in the event known as Fun In The Son.

In exchange for the right to participate in the event, participants hereby waive, release, and discharge any and all claims for injuries to person or persons or damage to property that may occur. In signing, parents/guardians agree to assume risk on behalf of the participant(s). These include, but are not limited to, risk of physical effects of weather, sponsors, promoting entities including clubs, church, and others, officials, and any municipal or public entity and their respective agents out of or connected in any way to the event, that may arise out of negligence, carelessness, gross negligence or intentional act on the part of Fun In The Son staff, participants, or others. Participants agree to indemnify Emmanuel Community Church and others for any such injury whether such injury arises from costs associated with an injury, including attorney's fees.

I hereby grant full permission to any and all foregoing to use any photographs, video, recordings, or any other record of this event.

I agree this waiver and release shall be binding on participants personal representatives, heirs, assignees, and next of kin.

I have carefully read and understand the foregoing waiver and release and sign this release as my own free act. I represent that in executing this document that I have full authority to enter into this document with Emmanuel Community Church on behalf of myself and the child/children who I am representing and acknowledge that Emmanuel Community Church is relying upon the execution of this document in allowing participants to participate in this event.

Parent/Guardian Name: _____

Relation to Child/Children: _____

Signature: _____ **Date:** _____

Medical Release & Permission

Family Medical Information

Mother's Name/Guardian's Name (First, Last):

Phone #: _____

Father's Name/Guardian's Name (First, Last):

Phone #: _____

Doctor: _____ Phone #: _____