

***Eramosa Camp Registration***  
***Tuesday, July 2<sup>nd</sup> to Friday July 5<sup>th</sup>***

**Registration Form**

1<sup>st</sup> Child's name \_\_\_\_\_ Age \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

OHIP # \_\_\_\_\_

2<sup>nd</sup> Child's name \_\_\_\_\_ Age \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

OHIP # \_\_\_\_\_

3<sup>rd</sup> Child's name \_\_\_\_\_ Age \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

OHIP # \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Postal code \_\_\_\_\_

Home telephone number ( ) \_\_\_\_\_

Parent/Caregiver's telephone (daytime or cell) \_\_\_\_\_

Home email address \_\_\_\_\_

Name of person picking up child \_\_\_\_\_

In case of emergency contact:

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other \_\_\_\_\_

Payment: \$70.00/child, \$140.00/family maximum.

For children entering grades JK to 7 in September 2024

I give permission for photographs of my child to be used in promotional material and shared with others.

I permit the staff and volunteers to provide on-site medical care and to request an ambulance and hospital emergency care if deemed necessary by staff and volunteers of Eramosa Pastoral Charge. I agree to not hold staff and volunteers of Eramosa Pastoral Charge liable for accidents or misfortune that may occur to the child knowing that every precaution shall be taken to ensure childrens' welfare and safety.

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail form and e transfer (preferred) to: [eramosapc@gmail.com](mailto:eramosapc@gmail.com).

Make cheques payable to Eramosa Pastoral Charge and mail to:

Eramosa Pastoral Charge, 5702 Wellington Rd 29 Rockwood, ON, N0B 2K0