

MINOR GENERAL RELEASE AND MEDICAL TREATMENT AUTHORIZATION

I am the parent or legal guardian of _____
(child's full legal name), who desires to participate in a Ross Road Kids Camp (hereinafter referred to as the "Camp") operated by Ross Road Community Church (hereinafter referred to as "RRCC"). I understand and acknowledge that RRCC will not allow my child to participate in the Camp without releasing and holding the RRCC harmless from any liability arising out of my child's participation in the Camp. I have investigated the risks involved in my child's participation in the Camp and fully understand and assume such risks on his or her behalf. I undertake and agree to indemnify and hold harmless the ministry staff, Ross Road Community Church, BC Conference of Mennonite Brethren Churches, and Canadian Conference of Mennonite Brethren Churches and all of their respective employees, volunteers, agents, officers and directors from and against any loss, damage or injury of any kind suffered by my child as a result of being part of the Camp at RRCC, as well as of any medical treatment authorized by the supervising individuals representing RRCC. I understand that this is a full and complete release of all injuries and damages which I or my child may sustain as a result of his or her participation in Camp, regardless of the specific cause thereof. I further acknowledge and agree that I have given my consent for my child to remain in the custody of RRCC's representatives while participating in Camp. This agreement is binding on my child's heirs, successors, and personal representatives.

In the event my child suffers an injury or condition during his or her participation in Camp, and reasonable attempts to contact me and my spouse have been unsuccessful, I hereby authorize a member of the ministry staff of RRCC to act for me and in my name to make informed decisions for my child concerning his or her personal care, medical treatment, hospitalization and health care and to sign a consent authorizing any physician or hospital to provide medical assessment, treatment or procedures for my child. This authority will terminate when the staff member is first able to contact me or my spouse. This information is for the sole use of Ross Road Community Church. I hereby give permission for my child named on this registration to participate in the Ross Road Kids Day Camp. I have read and understood the legal information on this page.

STILL PHOTOGRAPHY/VIDEO RELEASE

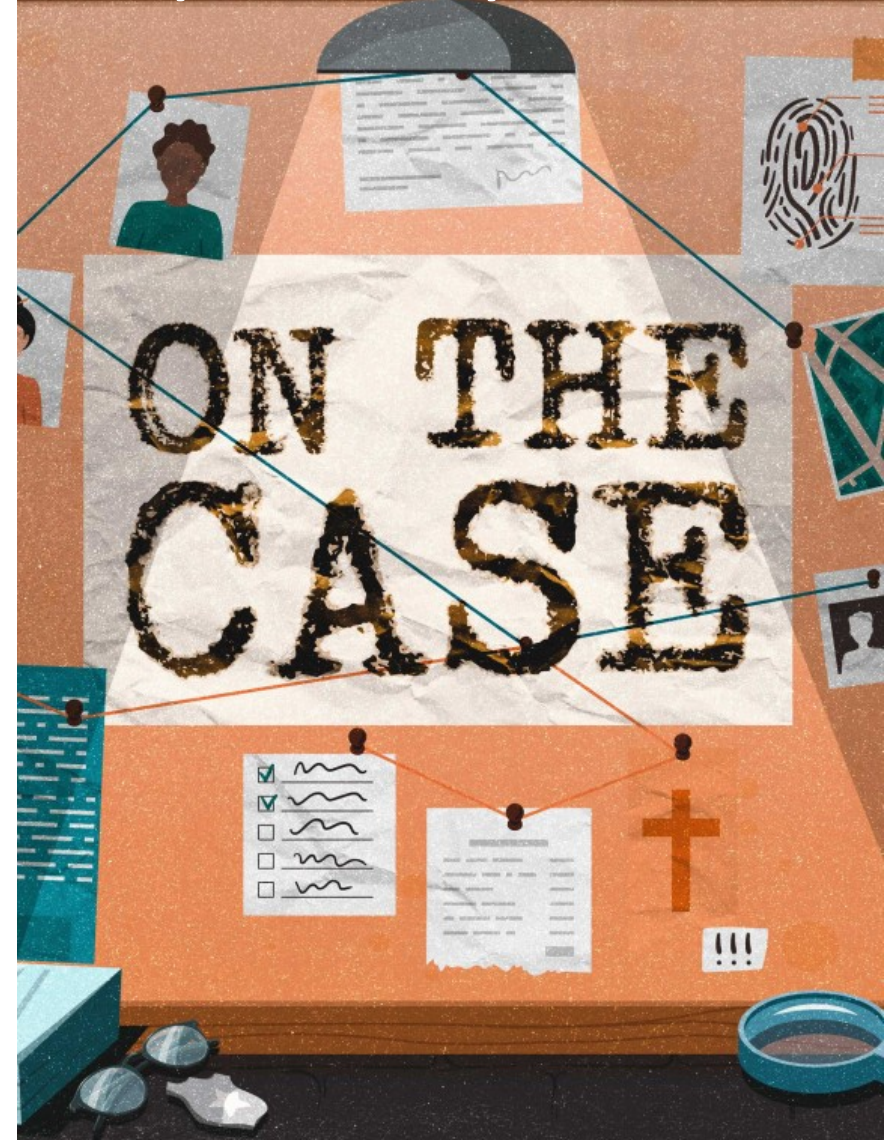
I hereby authorize staff of Ross Road Community Church to take photographs and video of my child during camp. Any videos and photographs taken may be used for promotion of kids camps on website and marketing materials as well as Facebook and YouTube promotions. I understand that Ross Road Community Church retains the sole right to use photos and videos for publicity and advertising purposes only.

Signature of parent/guardian

Date

Ross Road Kids Camps

July 18-21 & July 25-28, 2022



For kids going in Grades 1 - 6

www.rossroadcc.ca

CALLING ALL KID DETECTIVES!!

In our 2022 camps, kids will become detectives and will investigate clues from a few parables of Jesus. Children will uncover answers on growing in their faith, as well as how to care for, serve, and love others.

LOCATION: 3160 ROSS ROAD www.rossroadcc.ca

CHOOSE YOUR DATES:

Mornings: July 18-21 9:00-11:30 a.m.

Evenings: July 25-28 6:30-8:30 p.m.

AGES: Grades 1-6 in the fall **PRICE:** \$30 per child

SNACK NOTE: We will do our best to accommodate common dietary restrictions. You are welcome to send an alternative snack with your child.

ROSS ROAD KIDS: CAMP REGISTRATION FORM

Please return completed form to the church office along with the registration fee. Payment can be made with either cash, e-Transfer (giving@rossroadcc.ca), or a cheque made payable to Ross Road Community Church.

SELECT WEEK: ☐ Mornings, July 18-21 ☐ Evenings, July 25-28

Child 1: Name: _____ **Fall Grade :** _____

Birthday: _____ **M / F** **Care Card:** _____
(year/month/day)

Health / Dietary Issues: _____

Child 2: Name: _____ **Fall Grade :** _____

Birthday: _____ **M / F** **Care Card:** _____
(year/month/day)

Health / Dietary Issues: _____

Child 3: Name: _____ **Fall Grade :** _____

Birthday: _____ **M / F** **Care Card:** _____
(year/month/day)

Health / Dietary Issues: _____

Address: _____
Street City Postal

Parent/Guardian 1: _____

Phone Number: (____)____ - _____ cell – home – work

Email: _____

☐ I'm interested in helping at camp!

Parent/Guardian 2: _____

Phone Number: (____)____ - _____ cell – home – work

Email: _____

☐ I'm interested in helping at camp!