



Registration Form

Camp Genesis 2019 – July 29th to August 2nd

Camper Information

Full Name: _____ Age: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Birth Date: _____ 6-digit health #: _____ 9-digit health #: _____

Gender Identity: Male ☐ Female ☐ Other ☐ T-shirt size: XS S M L XL XXL

Does this camper have allergies? YES ☐ NO ☐ If yes, what? _____

Does this camper have a medical condition that supervisors should be aware of? YES ☐ NO ☐

If yes, specify: _____

Emergency Contacts

Parent/Guardian: _____ Work Phone: _____

Address: _____ Cell Phone: _____

Contact Email: _____

Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

Parent/Guardian Signature

I, _____ legal guardian of _____

DO / DO NOT give permission for Camp Genesis to use my child's image for promotional reasons, and verify
circle that the information listed above is correct.

Signature: _____ Date: _____

Please attach camp fees of \$150.00 by cash or cheque to this registration form or send e-transfers to office@stmarysroad.ca by June 26th. Email smruc.artscamp@gmail.com with any payment questions or concerns. Cheques made payable to St. Mary's Road United Church.