



GROUP INFO:

Group/Church Name: _____ Group Leader Name: _____

PERSONAL INFO:

Full Name: _____ Student or Leader Date of Birth: ____/____/____

Address _____ Circle One Month Day Year

City _____ Province: _____ Postal Code: _____ Phone Number: _____

Health Card #: _____ Allergies: _____

Medications Being Taken: _____

Physical Disabilities, Limitations, or Recent Illness: _____

Name of Family Physician: _____ Phone #: _____

RETREAT FEES: (Choose One Rate)

- Regular Rate (registered before April 30) \$130.00
- No Food Regular Rate (camper responsible for all meals) \$110.00
- Late Rate (registered after April 30) \$150.00
- At the Door Rate (May 19) \$165.00
- Partial or Child Rate (if a camper is missing more than 24 hours of the event or child between ages 5 and 12) \$95.00

STUDENT COOPERATION AGREEMENT

To keep Pitch'n Praise enjoyable for everyone, we have a few simple guidelines for you to follow:

1. Be respectful of others and their property. If you break something, you pay for it.
2. Alcohol, drugs, firecrackers, and weapons of any kind are not permitted on the campground.
3. Be back in your area of accommodation and quiet by lights out.
4. Do not leave the grounds without permission from your group leader.
5. Leave your valuables at home. We are not responsible for lost or stolen property.

I have read the above Cooperation Agreement and agree to abide by it. I understand that if I do not abide by these standard, my parent(s)/guardian(s) will be notified and I may be sent home. I also agree that any video or photos of me by event staff may be used for promotional purposes for the event.

Student Signature: _____ Date: _____

PARENTAL INFORMED CONSENT AND RELEASE

I give my permission for the above named student to attend **Pitch'n Praise (May 19-22, 2017 at Braeside Camp, Paris Ontario)** and to participate in all group activities, including games, sports tournaments, large groups sessions, small group discussions, workshops, concerts, (full schedule available at www.pitchandpraise.com). In the event of an emergency, I hereby authorize the leaders of the group with whom my child is attending this retreat, as agent for me, to consent to any X-ray examination; medical dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of Ontario where the services are rendered, either at a doctor's office in hospital. I expect to be contacted as soon as possible in this event. I understand that if this student is in serious breach of the cooperation agreement, I may be required to pick him/her up from the camp immediately. I (named) below, undertake and agree to indemnify and hold blameless Pitch'n Praise, Evangelical Missionary Church of Canada, Evangelical Missionary Youth, Braeside Camp, their staffs, boards and volunteers from and against any loss, damage or injury suffered by the student as a result of being a part of the activities of Pitch'n Praise, as well as of any medical treatment authorized by the supervising group leaders. I also agree that any video or photos taken of my child by event staff may be used for promotional purposes for the event. I have read, understood and agree with above.

Signature of Parent/Guardian: _____ Date: _____

Name or Parent/Guardian Printed: _____ Phone Number: _____

Emergency Contact Name (only to be contacted if parents are unavailable): _____

Phone Number: _____ Relationship to Student: _____