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OUR LADY OF THE ANGELS PARISH FORT SASKATCHEWAN, AB

PH : 780-998-3288 / olangels@shaw.ca

BIBLE CAMP REGISTRATION FORM

PERSONAL INFORMATION	Please Print		
Name :			
Sex : (circle one) M / F	Age :		
Going into Kindergarten_	grade 1 grade 2gra	ade 3grade 4grade 5/Jr leader	
I'd like to be in a group with:			
Allergies or medical conditions* :		*Please submit Medical Form 363B and 363C	
Health Insurance # (if applicable) :			
FAMILY INFORMATION			
Parents / Guardian's Name(s) :	Mother		
	Father		
Address :			
PHONE NUMBERS			
Home :	Work :		
Cell : Mother	Father		
Email :			
EMERGENCY CONTACT Name :		Relationship :	
Phone :			
that I will be notified as soon as possible Team, or other associated Volunteers of son/daughter in the event that myself	in the event of an emergency. In the group to obtain medical ca of other legal guardian(s) canno of actions, claims which I or the	the health and well-being of the participants at this activity and n the case of sickness or an accident, I authorize and consent the are from a licensed physician, hospital, or medical clinic for my ot be reached. I hereby do release and forever discharge this ne child named above shall or may have for any reason, arising	
Parent / Guardian Signat	ure	Date	
NOTE : Kindly notify the office in case of change in contact information. Thank You.			
	the Archdiocese of Edi ation forms attached *		