

Emmanuel United

Youth Outreach Leadership Camp

July 7- 11th, 2025



WHEN:

July 7-11th, 2025: 9:00am - 3:30 pm, at Emmanuel United Church, plus volunteer time at various local organizations

WHO:

Youth entering Grade 6 to Grade 10 in September 2025

COST:

FREE!

REGISTRATION

YOUTH INFORMATION

Youth Name: _____

Age: _____ Birthdate: _____

Address: _____

Home Phone: _____

PARENT OR GUARDIAN INFORMATION

Parent(s) or Guardian(s) Name: _____

Parent or Guardian Email: _____

Parent or Guardian Work Phone: _____

Parent or Guardian Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

MEDICAL AND SPECIAL NEEDS INFORMATION

Who is in possession of this child's Health Insurance Information?

Name _____ Daytime Phone: _____

Doctor's Name: _____

Phone: _____

Allergies: _____

If your child's allergy requires an epipen our Camp policy requires the epipen be physically with the child at all times.

Any information about physical, emotional, or family issues that could affect a child's participation at camp would be helpful. Please identify any issues, medical (including allergies) or otherwise, which Camp staff should be made aware:

RIDE PERMISSION

____ I/We give permission for _____ to participate in the Emmanuel United Youth Outreach Leadership Camp and to be supervised and driven to and from different local organizations to volunteer at by Emmanuel Youth Leaders (Amelia Brohman and/or Ellen Brohman and/or Valerie Lines and/or Ian or Shelly Collins).

Parent/Guardian Name: _____

Date: _____ Parent/Guardian Name (please print):

CONSENT AND WAIVER

____ I (we) give permission for _____ to attend Emmanuel United Youth Outreach Leadership Camp. I understand that while all reasonable precautions will be taken, the host congregation, the Eastern Ontario Outaouais Region Council of the United Church of Canada, and its affiliated organizations and individuals will not be held responsible in any way for injuries sustained by my child as a result of his/her participation in this camp. I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the Emmanuel United Youth Outreach Leadership Camp staff to secure the services of a licensed physician to provide the care necessary for my child's well-being.

____ I further understand that photographs may be taken of my child participating in the camp program by staff, other parents, or community news agencies

____ I give permission for photos of my child to be published on Emmanuel's website or other Emmanuel communications.

OR ____ Please do not publish photographs of my child for the purpose of reporting on or promoting the Emmanuel Cook and Canoe Camp program.

Signed: _____ Date: _____

Completed forms can be scanned and emailed to ameliabrohman@gmail.com or bvlines84@rogers.com or can be mailed or dropped off at the church office (attention Valerie Lines).