

# **2023 Go! in T.O. Camp APPLICATION**



Please complete online form at churchatthecentre.com/

Or mail application & cheque (\$180) to: *THE Reach, 1666 Kingston Rd,  
Toronto, ON M1N 1S5* OR ... contact K. Park 647-504-3285

## **Youth details:**

Name: \_\_\_\_\_

Cellphone (if any) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male  Female

Do you want to volunteer – earn volunteer hours in leadership? Yes  No

Health: Allergies (if any) \_\_\_\_\_

Sensitivities (bug bites, sun, tiredness) \_\_\_\_\_

Comfort with swimming, small watercraft HIGH.....LOW

Health card Number: \_\_\_\_\_

Attended Go! In T.O. before?

If so which place did you like most: \_\_\_\_\_

Whether or not you came before... any destination suggestions? \_\_\_\_\_

## **Caregiver Details:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_ phone: \_\_\_\_\_

I hereby give permission for my child to participate, GO in T.O. camp, its activities, understanding that leaders have the right to limit campers in some activities in the interest of safety. I give permission for leaders to give emergency medical treatment or to call 911. I release Fallingbrook Heights Baptist Church at the centre, and staff/ volunteers from liability.

I understand that all COVID best practices will be utilized during camp.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do you give permission to use your child's picture for camp fun, celebration or camp promotion.**

**No**      **Yes**