



**CAMP U-TURN 2024 REGISTRATION  
GENERATION ALPHA**



Name(s)	Date Of Birth	Health Card Number
1.	1.	1.
2.	2.	2.
3.	3.	3.

Address (Number, Street, Postal Code)

Home Phone

Emergency Name & Phone

Please indicate any food allergies or special needs

**Choose your Camp U-Turn date & location**

Monday, July 22 - Friday, July 26 : 99 Thomas Ave, Wallaceburg, On

Monday, August 12 - Thursday, August 15: 418 Greenfield St., Petrolia, On

**Choose your applicable t-shirt size(s)**

YS    YM    YL    AS    Am    AL    AXL

I am the legal guardian and grant permission for my child(ren) to attend Camp U-Turn 2024. I understand that U-Turn Ministries Canada Inc. is not liable for any injury, lost or stolen property while on the premises or in attendance.

\_\_\_\_\_  
Guardian Name (Print)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date