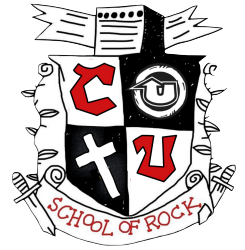




CAMP U-TURN 2025 REGISTRATION
SCHOOL OF ROCK - WALLACEBURG



| 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

Camp Date:

☐ Monday, July 21 - Friday, July 25 : 99 Thomas Ave, Wallaceburg, On

Choose your applicable t-shirt size(s)

☐ YS ☐ YM ☐ 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 |
|--------------------------------|-----------------------------|---------------|