

Summer 2010 REGISTRATION FORM

August 16th- 19th, 2010 – For
Kids entering Grades 6 – 8
Cost: \$45 for the full week
or \$15 a night.

For more information contact:

Matthew Gallant: 905-387-5385



Name: _____

Age: _____

Grade in Sept.: _____

Address: _____ Date of Birth: _____

City: _____ Postal Code: _____

Phone: _____ Health Card Number: _____

Home church (if you attend): _____

Allergies/Medical Info: _____

Contact person in case of Emergency:

Name: _____ Relationship: _____

Phone: _____ (home) _____ (work/cell)

Permission Form

I, _____ give my son/daughter _____ permission to participate in the West Highland Baptist Church Summer Sizzle 2010. I will not hold West Highland Baptist Church, or leaders responsible for the consequences of IRRESPONSIBLE behaviour on the part of my son/daughter. I give the West Highland leaders permission to obtain any necessary medical attention for _____ (child's name), understanding that they will first try to contact me.

Submission of this application will also serve as permission given for my child's photographs to be taken and used by the church.

Parent's or Guardian's Signature: _____ Date: _____

West Highland — 1605 Garth St., Hamilton, ON L9B 1R6

Church Office: 393 Rymal Rd. W., Suite 205, Hamilton, ON L9B 1V2

Phone: 905 387-5385 Fax: 905 387-1685

www.westhighland.org