

SPORTS CAMP & VBBS

For Kids aged 6-12

2 WEEKS OF FUN to choose from!

Soccer Camp July 4-8

Multi-Sport Camp July 11-15

For 12-14 year old boys:

Killarney Canoe Trip July 17-22

For 13-14 year olds:

HIT Team July 4-15

held at Saugeen District Secondary School,
Port Elgin, 8:30am to 4:30pm

Please visit our website for program information and application forms and "like" us on Facebook to receive our updates and reminders

Space is limited.

Registration deadline June 15

Costs apply to same immediate family:

Early Bird Registration (by May 17)

\$110/week for the first child

\$90/week for each additional child

After May 17

\$125/week for the first child

\$105/week for each additional child

Financial assistance is available.

Go to our website for additional information and "like" us on Facebook to get our updates

www.heroesonthemove.ca

www.facebook.com/heroesonthemove



Sponsoring Churches:

- Shoreline Baptist Church
- Port Elgin Missionary Church
- Southport Pentecostal Church
- Bay Leaf Baptist Church, NC

Heroes on the Move

P.O. Box 2290, Port Elgin, ON, N0H 2C0

Heroes on the Move 2016 Camper Registration Form



Camper Name	Gender M/F	Age as of Dec 31/15	Birth date (dd-mm-yy)	Week Attending		Youth T-shirt Size**					Office use only	
				Soccer July 4-8	Multi-Sport July 11-15	XS	S	M	L	XL		
1.												
Medical conditions or allergies (eg. nosebleeds, asthma, medications):												
2.												
Medical conditions or allergies (eg. nosebleeds, asthma, medications):												
3.												
Medical conditions or allergies (eg. nosebleeds, asthma, medications):												
4.												
Medical conditions or allergies (eg. nosebleeds, asthma, medications):												

** If your child requires an adult sized t-shirt, please specify (name and size) here: _____

We would like to receive more information about the **KILLARNEY CANOE TRIP for boys aged 12-14, July 17-22**

Family Information

Parent(s)/Guardian(s): _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Email: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Emergency Contact Information

Please provide at least one emergency contact other than the parent/guardian

1. Name: _____ Phone: _____

Relationship to Child(ren): _____ Cell: _____

2. Name: _____ Phone: _____

Relationship to Child(ren): _____ Cell: _____

Special Request for Huddle Assignment

Children will be assigned to huddle groups based on their age as of December 31st. If you would like your child to be in a huddle group other than his/her age, please specify the child(ren)'s name and the age group you would like him/her to be assigned to (must be within one year of your child's age). Please also note if there is a particular child with whom your child would like to be placed:

HOTM is collecting and retaining this personal information for the purpose of enrolling your child(ren) in our camp, and to be able to inform you of future camps or camp-related activities. This information will be maintained permanently as it is required for insurance and legal requirements, but will not be used for any other purposes. If you wish Heroes on the Move to limit the information collected, or to view your child(ren)'s information, please contact us at 519-706-HOTM.

www.heroesonthemove.ca
2 WEEKS TO CHOOSE FROM: July 4-8 and July 11-15
2016 SPORTS CAMPS & VBS



HEROES ON THE MOVE

Waivers and Release of Information

Pick-up Information

I permit the HOTM staff to release my child(ren) to the following individuals (also specify if your child may walk/bike home):

Address Permission

May we give your child(ren)'s address to his/her huddle leader so that he or she may contact your child after camp (Christmas card, birthday card, etc.)? Yes No



Waivers and Releases (Please initial that you have read and agree with each section – this is mandatory for admission)

Initials Here	Release of Liability: I hereby acknowledge and assume the risk of my child(ren)'s participation in the sports camp and VBS activities at Heroes on the Move . I understand that there are inherent risks involved with these activities, including, but not limited to, injury, cardiac arrest, and death. I hereby acknowledge my understanding and acceptance of the risks and hereby indemnify, release and hold harmless Heroes on the Move event organizers, staff, Shoreline Baptist Church, Port Elgin Missionary Church, Southport Pentecostal Church, Bay Leaf Baptist Church and their boards and members from any claims of injury, damage or loss to person or property that may result from my child(ren)'s participation in Heroes on the Move .
Initials Here	Medical Release: I authorize the supervising staff of Heroes on the Move to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the child(ren) named on this form in the event that I cannot be reached.
Initials Here	Permission to Teach: I agree to permit my child(ren) to be taught the Bible and about Jesus according to the doctrines and beliefs of Heroes on the Move for the duration of Heroes on the Move .
Initials Here	Media Release: I give permission for my child(ren) to be photographed, videotaped and interviewed by representatives from and /or staff of Heroes on the Move for promotional and public relations purposes within the Saugeen Shores, Grey and Bruce County area. I authorize the use and reproduction by Heroes on the Move or anyone authorized by Heroes on the Move of any and all photographs and/or videotapes taken of my child, without compensation to me/my child(ren). All photographs and videos shall be solely and completely property of Heroes on the Move . I waive the right to inspect or approve the finished photographs/video recordings, and the sound tracks, scripts or any other printed matter that may be used in conjunction with this event. <i>Note: If you have concerns about your child(ren)'s pictures being used for promotional purposes, please inform us in writing by June 10, 2016. Each submission will be handled on a case by case basis.</i>
Initials Here	Permission for Participation: I grant my child(ren) named on this form permission to participate in Heroes on the Move Soccer activities from Monday, July 4 – Friday, July 8, 2016. I am aware that campers will be walking to Pierson Soccer Fields up to twice each day.
Initials Here	Permission for Participation: I grant my child(ren) named on this form permission to participate in Heroes on the Move Track and Field activities from Monday, July 11 – Friday, July 15, 2016.

I, _____ am the parent/guardian of _____
_____ (children's names). All the information provided on this form is correct to the best of my knowledge.

Parent /Guardian signature: _____ Date: _____

Payment Calculation: *Additional campers are those included in your immediate family

	Item	 July 4-8	 July 11-15
Early Bird Rate Before May 15	First camper \$110/week		
	Additional campers* _____ @ \$90 each/week		
Regular Rate May 16 – June 10	First camper \$125/week		
	Additional campers* _____ @ \$105 each/week		
Volunteer Discount (refer to "Volunteer" tab on our website)			
Donation <i>Income Tax Receipts for \$20 or more</i>			
TOTAL			

Make cheques payable to Shoreline Baptist Church.

Mail registration form & payment (cheque) to:
Heroes on the Move
P.O Box 2290
Port Elgin, ON, N0H 2C0

*For additional information,
or to inquire about financial assistance:*
email heroesonthemove@gmail.com
or visit www.heroesonthemove.ca

Children's Fitness Tax Credit receipts will be
issued for the eligible portion of camp fees.

Information packets will be emailed to
registered campers by June 20th.

We would prefer to receive ours by mail