



ST. TIMOTHY ROMAN CATHOLIC CHURCH
42 DAWSON RD., ORANGEVILLE

CAMP CROSSROADS REGISTRATION

Monday, July 20 - Friday, July 24
9:00am-3:30pm

Camper Information

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Birth date (DD/MM/YY): _____ Sex: _____

Grade Completed (June 2025): _____ T-Shirt Size : _____ Youth/Adult

Child's Interests (e.g. sports, drawing, dance): _____

Parent Information

Parent 1 Name: _____ Cell Phone: _____

Parent 2 Name: _____ Cell Phone: _____

Primary Address: _____ City: _____ Postal Code: _____

*Parent Email: _____

Secondary Address: _____ City: _____ Postal Code: _____

Secondary Email: _____

Emergency Contact (other than parents) _____

Emergency Phone: _____ Relationship: _____

*We will be communicating by e-mail wherever possible

Permission to Pick Up

Parents are assumed to have permission to pick up unless specifically noted. Please list any siblings, family members, friends or if they have permission to walk home below.

My child can be picked up/leave with the following people:



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Medical Information

Allergies/Conditions: _____

(optional) Health Card Number: _____

Other: _____

Release

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant (s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold **St. Timothy Parish, the Archdiocese of Toronto**, any volunteer, chaperone, or driver responsible.

Medical Care

I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Permission

In signing this I am granting my child permission to participate in Camp Crossroads at St. Timothy.

Photography

I understand my son/daughter photograph and/or likeness and name may be used in a future promotion whether that be a parish publication, website, or video publication.

Pick-Up

Please ensure that you come inside to pick your son/ daughter up at the end of the day. Person's picking up may be required to show identification.

Parent Signature: _____

Date: _____

Camp Fees

Week of July 20-24 - \$80

OFFICE USE ONLY

Amount Paid: \$_____ Cheque/Cash

Date of Registration: _____

Received by: _____