



Mount Zion Retreat Centre Child Registration

Name: _____ Age: _____

Health Card#: _____

Mother's Name: _____

Father's Name: _____

Guardian on Campgrounds: _____

Where are you staying on the Grounds: _____

Arrival: _____ Departure: _____

Does this child...

Have any **allergies**? Yes / No If so, to what? _____

What is their reaction? _____

Have any **medical condition(s)** that would impede them from participating in the programs? Yes / No

What is this condition? _____

Please note that **no medications** are to be stored or distributed by those in leadership over the class / program. **Snacks** may be offered to the children during the class / program. It is the responsibility of the parent/guardian to make teachers aware if they do not wish for their child to have the snack.

Please indicate that you have given accurate information and that you have read the above by signing below.

Parent / Guardian Signature