



QUEST Day Camp  
Operated by: Churchill Meadows Christian Church  
2865 Argentia, Unit 3  
Mississauga, ON L5N 8G6  
Phone: (905) 542-7492  
e-mail: nicole@churchillmeadows.org

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## QUEST DAY CAMP:

QUEST, an outreach of Churchill Meadows Christian Church, is a community program that provides a safe and creative environment for children where they can grow through friendships and the example of Christian values modeled by caring and enthusiastic counsellors. QUEST begins at 8:30am and ends at 4:00 pm at Meadowvale Community Christian Reformed Church, located at 2630 Inlake Court. The cost of the camp is \$89 per child/week, with the exception of our first week of camp, our “try it for 10” week, which will be \$10 per child for that week. It is great way to meet new friends, while participating in many different activities such as crafts, games, devotions and songs.

There will be four weeks of camp. The weeks and themes are as follows:

Week 1 (July 12-16): TV Tribute (try it for \$10)

Week 2 (July 19-23): QUEST Olympics

Week 3 (July 26-30): Pirates Paradise

Week 4 (August 3-6): Wonderfully Wacky (4-day week)

\*\*Most of our activities will somehow be related to the theme of the week.

## REGISTRATION

See the registration application attached to register your child for camp. Since space is limited, please register your camper early by sending the completed application to the address or fax number below. Please make your cheque payable to Churchill Meadows Christian Church. In order to hold your registrations, the General Director, Nicole Parisien, must receive your signed forms and fees.

## REFUNDS

In order to receive a refund, the QUEST director, Nicole Parisien, must be notified of your cancellation at least 7 days in advance of the registered week by e-mail to nicole@churchillmeadows.org.

## CONTACT

QUEST offered by: Churchill Meadows Christian Church  
Contact Person: Nicole Parisien (General Director)  
2865 Argentia, Unit 3  
Mississauga, ON, L5N 8G6

### **Mailing Address:**

P.O. Box 147, Stn. Streetsville  
Mississauga, ON L5M 2B7

### **Fax:**

905-824-0602

Phone: (905) 542-7492

E-mail: Nicole@churchillmeadows.org

## SPONSER

**Churchill Meadows Christian Church – A church for people to:**

*Come meet God in worship and meet others in fellowship, **thrive** and experience spiritual growth in authentic community and **go** and fulfill our mission through servant evangelism*



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## REGISTRATION APPLICATION

Name of Parent or Guardian

Address-Street

City

Address- Postal Code

Home Telephone

Work Telephone

Emergency Telephone

E-mail

**Name of Child 1**

**Name of Child 2**

Sex Age Date of Birth (dd/mm/yy)

Sex Age Date of Birth (dd/mm/yy)

Physical Disabilities

Physical Disabilities

Special Health Needs/ Allergies

Special Health Needs/ Allergies

Health Card Number

Health Card Number

Additional Information about Child

Additional Information about Child

**Name of Child 3**

**Name of Child 4**

Sex Age Date of Birth (dd/mm/yy)

Sex Age Date of Birth (dd/mm/yy)

Physical Disabilities

Physical Disabilities

Special Health Needs/ Allergies

Special Health Needs/ Allergies

Health Card Number

Health Card Number

Additional Information about Child

Additional Information about Child

Name of Family Doctor

Doctor's Telephone Number

How did you hear about QUEST?

**\*\*Please see reverse for Permission/Waiver Form**



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**PERMISSION/ WAIVER FORM**

Functions and Activities:

I acknowledge that there are certain risks associated with the activities of QUEST Day Camp operated by CHURCHILL MEADOWS CHRISTIAN CHURCH.

Release of Liability:

By signing this Permission/Waiver Form, I expressly warrant that the child(ren) named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child(ren) or me participating in the activities, whether such risks are known or unknown to me at this time. I further release CHURCHILL MEADOWS CHRISTIAN CHURCH and its pastors, trustees, officers, members, employees, volunteers and agents from any claim that my child(ren) may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach or warranty. This release of liability is also intended to cover all claims that members of the child(ren)'s or my family or estate, heirs, representatives, or assigns may have against CHURCHILL MEADOWS CHRISTIAN CHURCH or its pastors, trustees, officers, members, employees, volunteers and agents.

I further agree to indemnify and hold harmless CHURCHILL MEADOWS CHRISTIAN CHURCH and its pastors, trustees, officers, members, employees, volunteers and agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child(ren) during such activities.

CHURCHILL MEADOWS CHRISTIAN CHURCH is not responsible for the loss or theft of personal belongings.

I understand and authorize that my child(ren)'s image may be photographed or filmed and used in video presentations, printed publications and the CHURCHILL MEADOWS CHRISTIAN CHURCH website.

Misconduct may result in transportation home from an activity at parent's expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where the child(ren) named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of CHURCHILL MEADOWS CHRISTIAN CHURCH to seek and secure any needed medical attention or treatment for the child(ren) named above, or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. CHURCHILL MEADOWS CHRISTIAN CHURCH does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and again to pay for the medical treatment.

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof:

I give permission for the child(ren) named above to participate in the activities of QUEST DAY CAMP operated by CHURCHILL MEADOWS CHRISTIAN CHURCH. In consideration for allowing the participation of the child(ren) in the activities of QUEST DAY CAMP operated by CHURCHILL MEADOWS CHRISTIAN CHURCH, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child(ren) and agree that the Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

\_\_\_\_\_  
 Signature of Parent and/or Legal Guardian

\_\_\_\_\_  
 Date



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Print Name of Parent and/or Legal Guardian

### CALCULATING FEES:

- Week 1 (July 12-16) X \_\_\_\_\_(number of children) X \$10 (per child/week) = \_\_\_\_\_
- Week 2 (July 19-23) X \_\_\_\_\_(number of children) X 89\$ (per child/week) = \_\_\_\_\_
- Week 3 (July 26-30) X \_\_\_\_\_(number of children) X 89\$ (per child/week) = \_\_\_\_\_
- Week 4 (August 3-6) X \_\_\_\_\_(number of children) X 89\$ (per child/week) = \_\_\_\_\_

TOTAL = \_\_\_\_\_