

Eramosa Camp Youth Volunteer Registration Form
Monday, July 7th to Friday July 11th, 9 am to 4pm

1st youth's name _____ **Age** _____
Special needs (Allergies, behavioural issues, ADHD, autism, medical conditions, anything else that we should know to help your camper) _____

Friends that camper would like to be grouped with if possible: _____

OHIP # _____

2nd Youth's name _____ **Age** _____
Special needs (Allergies, behavioural issues, ADHD, autism, medical conditions, anything else that we should know to help your camper) _____

Friends that camper would like to be grouped with if possible: _____

OHIP # _____

3rd Youth's name _____ **Age** _____

Friends that camper would like to be grouped with if possible: _____

Special needs (Allergies, behavioural issues, ADHD, autism, medical conditions, anything else that we should know to help your camper) _____

OHIP # _____

Address _____

Town _____ Postal code _____

Home email address _____

Name of person picking up child _____

In case of emergency contact:

Mother _____ Cell # _____

Father _____ Cell # _____

Other _____ Cell # _____

Volunteer form for youth entering grades 8 in September 2025 no payment required

I give permission for photographs of my child to be used in promotional material and shared with others. I permit the staff and volunteers to provide on-site medical care and to request an ambulance and hospital emergency care if deemed necessary by staff and volunteers of Eramosa Pastoral Charge. I agree to not hold staff and volunteers of Eramosa Pastoral Charge liable for accidents or misfortune that may occur to the child knowing that every precaution shall be taken to ensure childrens' welfare and safety.

Parent or guardian's signature: _____ Date: _____

E-mail form to: eramosapc@gmail.com.

Mailing address:

Eramosa Pastoral Charge, 5702 Wellington Rd 29 Rockwood, ON, N0B 2K0