



Power Lab Registration Form

(fill out one for each child in your family)

Name: _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Home telephone: _____

Home e-mail address _____

Can we put you on our email list to inform you of future children's events at Bayridge? Yes No

Age: _____

In case of emergency, contact: _____

Mother: _____ Father: _____

Other: _____

Allergies or other medical conditions: _____

I give permission for my child's picture to be taken during camp for a slide show at the end of the week, our Sunday morning wrap up and for promotion purposes on the Bayridge Alliance Church website.



(signature of parent/guardian)

Name of special friend my child would like to be with _____

Home church: _____

For Church use only:

Paid by: ___cheque ___cash Date: _____

(Please note: In the event of food allergies the staff request that your child brings their own snack each day . Please be sure the snack is clearly labeled with your child's name.)