



# ST GILES SARNIA SUMMER CAMP

AUGUST 18-22, 2025

770 Lakeshore Road, Sarnia  
519-542-2253

## CAMPER INFORMATION

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade entering \_\_\_\_\_  
Gender  Male  Female September 2025 \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## CONTACT INFORMATION

Parent/Guardian Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## CAMPER INFORMATION

Please share any allergies, medication needs or other supports the camper might need at camp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any dietary restrictions?  Yes  No  
If yes, please explain

\_\_\_\_\_

Would you like a camp shirt for your child for an additional \$25?  
If yes, please indicate shirt size below (Child XS-Youth XL)  Yes  No

\_\_\_\_\_

I confirm that St Giles Vacation Bible Camp is not responsible for theft  
or injury due to accident.  Yes  No

I consent to photographs and videos of my child named above being shared  
on physical displays and presentations within the church, in the church  
newsletter and, as is the case with the group photo, with fellow campers'  
families.  Yes  No

The cost of camp is \$125 (\$150 with shirt) per child. Payment is required by May 30th to ensure  
space is reserved. Payment is accepted via cheque, e-transfer or cash through the office. If  
using e-transfer please send it office@stgilessarnia.ca.

Parent Signature \_\_\_\_\_