**Registration Form**

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| **Childs Name** |  |
| **Age** |  |  **M F** |
| **Address** *(please include City, Province and Postal Code)* |  |
| **Hospitalization Number** |  |
| **List any health problems, allergies, or special needs** |  |
| **Parent/Guardian Name** |  |
| **Home and Work Phone #** |  |
| **Emergency Contact** |  |
| **Please select which camp** | * July 9 – 14 – ages 8-10
 | * July 16 – 21 – ages 11-13
 |
| **How did you hear about us** | * Previously attended
* Family/Friend
* Church
 | * Advertisement
* Other
 |

* If you are applying for a discount, you must send in the total fee by June 15. If you are not applying for a discount, you may mail in a reservation deposit of $10.00, OR based on openings, registrations will be accepted up until the day the camping week starts.
* The Camp Director reserves the right to dismiss any camper who, in their opinion, is a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of the camp.
* I give camp personnel the authority to act on my behalf in case of an emergency, including medical treatment. Parents will be notified as soon as possible.
* I hereby grant permission to use, for promotional purposes, photographs, or videos of my child taken during camp.

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**Parent/Guardian Signature Date**