



Registration Form

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

Parent/Guardian Signature

Date