



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 #			
Email Address			
Emergency Contact Name & number			
Please select which camp		<input type="checkbox"/> July 5-10 – ages 8-10 <input type="checkbox"/> July 12-17 – ages 11-14 <input type="checkbox"/> July 19-24 – ages 9-13	
How did you hear about us		<input type="checkbox"/> Previously attended <input type="checkbox"/> Advertisement <input type="checkbox"/> Family/Friend <input type="checkbox"/> Other <input type="checkbox"/> Church	

- 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