

STRAWBERRY POINT CHRISTIAN CAMP 2008 APPLICATION FORM

FOR OFFICE USE ONLY

Date rec'd _____

Camper # _____ / _____

Deposit only _____ Fully Paid _____

Information Complete _____

Please complete **ONE application form per camper per session.**

Print clearly.

CAMPER INFORMATION:

Last name: _____ First name: _____

Male _____ Female _____ Date of Birth: (mm/dd/yy) _____ / _____ / _____

Mailing Address: _____

City: _____ Postal Code: _____

Health Insurance Number: _____

Cabin mate request: _____

Every effort is made to honour cabin mate requests. There are however NO guarantees for placements.

Is this the camper's first time at Strawberry Point Christian Camp? Yes _____ No _____

PARENT/GUARDIAN INFORMATION:

Father's name: _____

Home Phone #: _____ Work/Cell Phone #: _____

Mother's name: _____

Home Phone #: _____ Work/Cell Phone #: _____

Address if different from camper: _____

SESSION SELECTION:

Please indicate which session your child will be attending. **Complete ONE application form per camper per session.**

SESSION	AGE	SESSION DATES	CAMPER FEE		
Primary 1	6 – 8 years	June 29 th – July 1 st	\$80.00	\$	
Primary 2	6 – 8 years	July 2 nd – July 4 th	\$80.00	\$	
Junior	9 – 10 years	July 6 th – July 11 th	\$200.00	\$	
Intermediate	10 – 11 years	July 13 th – July 18 th	\$200.00	\$	
Senior	12 – 13 years	July 20 th – July 25 th	\$200.00	\$	
Teen	14 – 19 years	July 26 th – August 1 st	\$225.00	\$	
Young Adult Weekend	20 yrs and up	August 1 st – August 4 th	\$50.00 (after June 1 st \$75.00)	\$	
* If more than one child from same immediate family is attending camp, take 10% of TOTAL FEES ** If registration fees are PAID IN FULL by June 1, 2008, take 5% of TOTAL FEES *** to reserve your child's spot in each session a \$40 non-refundable deposit/session MUST accompany registration form Please make cheques payable to "Strawberry Point Christian Camp"			TOTAL FEES		\$
			* LESS family discount		\$
			** LESS early payment discount		\$
			***LESS \$40 deposit/session		\$
			TOTAL PAID		\$
			BALANCE OWING		

Check here if you would you like an income tax receipt for camp fees _____

OVER PLEASE

HEALTH INFORMATION:

Is the camper on any medication? Yes _____ No _____ List medication currently in use according to:

Drug name: _____

Dosage: _____

Reason: _____

Please note that ALL medication must be in its original container or original packaging and must be turned in to camp personnel on registration day.

Does your child have any allergies? Yes _____ No _____

If yes, please explain: _____

Other concerns? _____

In the event of a minor local reaction (eg redness, itchiness, swelling) as a result of an insect bite, I give permission for

(child's name) _____ to be given Benadryl Liquid as necessary.

Signature of Parent/Guardian

I give permission for (child's name) _____ to be given Tylenol as necessary.

Signature of Parent/Guardian

I hereby grant permission to seek medical attention and appropriate treatment recommended by medical personnel as required in emergencies prior to my notification.

Signature of Parent/Guardian

In the event of an emergency all attempts will be made to contact the parent/guardian prior to treatment if time allows.

Emergency Contact Information:

1. Name: _____ Relation to Camper: _____

Phone Number: _____

2. Name: _____ Relation to Camper: _____

Phone Number: _____

CONDITIONS OF ENROLLMENT:

1. The Camp Manager/Session Director reserves the right to dismiss a camper who in his opinion is a hazard to the safety and rights of others. In such an event the camper will be sent home at YOUR expense.
2. While every precaution is taken for the safety and good health of our campers, Strawberry Point Christian Camp, it's Board of Directors and all staff, are hereby released from any and all liability in the event of an illness, accident, misfortune or death that may occur to the camper. Each camper must be covered by Provincial Health Insurance or appropriate medical insurance.
3. I will send a signed notification to the camp if another individual other than myself will be picking up my child at departure.
4. I give permission for Strawberry Point Christian Camp to use any image or likeness of my child/camper for promotional material and/or records.
5. The \$40 registration deposit is non-refundable.

I have read, understand, and accept the conditions of enrolment as stated above. I have filled out this form completely and without error to the best of my knowledge.

Signature of Parent/Guardian _____

Please mail completed form and payment to: Strawberry Point Christian Camp, c/o Verna Tallman, RR 1, Mindemoya, ON P0P 1S0

WHAT TO BRING:

Please make sure that your child's name is CLEARLY MARKED on ALL of your child's belongings that you send to camp. It is important to send long pants and long sleeved shirts to keep the mosquitoes off and to keep warm during the cool evenings.

The following is a checklist to help you pack for camp:

- Bible
- towel and washcloths
- toothpaste and toothbrush
- extra blanket
- baseball glove
- insect repellent
- sun screen
- hat
- warm jacket and sweater
- flashlight and spare batteries
- sleeping bag and pillow
- air or foam mattress
- rainwear
- one piece swimsuit only*
- mid thigh length shorts
- closed toe shoes
- clothes*

***Please note that the following clothing is PROHIBITED:** bikinis or other two piece swimwear, tank tops, halter tops, any spandex clothing, open toed shoes, flip flops, shorts which are shorter than mid thigh.

Do NOT send soap or shampoo with your child – the camp provides environmentally friendly, biodegradable soaps and shampoos. Please do not send food with your child. ALL food and snacks are provided by SPCC.