



## 2011 DAY CAMP REGISTRATION FORM

PRINT CLEARLY

FOR OFFICE USE ONLY  
 Date rec'd \_\_\_\_\_  
 Camper # \_\_\_\_\_ / \_\_\_\_\_  
 Deposit only \_\_\_\_\_ Fully Paid \_\_\_\_\_  
 Information Complete \_\_\_\_\_

**CAMPER INFORMATION:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age as of Dec 31, 2011: \_\_\_\_\_ yrs

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Health Insurance Number (REQUIRED) : \_\_\_\_\_

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: \_\_\_\_\_

**Emergency Contact Information: (OTHER than parent/guardian)**

1. Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**SESSION INFORMATION:**

<u>Session Dates</u>	<u>Cost</u>	<u>Session attending (please check appropriate sessions)</u>	<u>Amount owing</u>	<u>Amount Paid</u>	<u>Drop off time</u> (between 7:30 and 9:30 am)	<u>Pick up time</u> (between 4:30 and 5:30 pm)
Monday Aug 8th	\$30					
Tuesday Aug 9th	\$30					
Wed. Aug 10th	\$30					
Thursday Aug 11th	\$30					
Friday Aug 12th	\$30					
Full week session	\$125					
Optional sleepover	\$20					

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

**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.*

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Other concerns? \_\_\_\_\_

I hereby grant permission to seek medical attention and appropriate treatment recommended by medical personnel as required in emergencies prior to my notification. I give permission for (child's name) \_\_\_\_\_ to be given Benadryl liquid as necessary in the event of a minor local reaction) eg. redness, itchiness, swelling) as a result of an insect bite and to be given Tylenol as necessary.

\_\_\_\_\_ 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.

**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 parent/guardian's 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.

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**