



**2010 DAY CAMP: WEEK 2
SURVIVOR WEEK
REGISTRATION FORM**

PRINT CLEARLY

FOR OFFICE USE ONLY Date rec'd _____ Camper # _____ / _____ Deposit only _____ Fully Paid _____ Information Complete _____
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CAMPER INFORMATION:

Last name: _____ First name: _____

Male _____ Female _____ Date of Birth: (mm/dd/yy) _____ / _____ / _____ Age as of Dec 31, 2010: _____ 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>Estimated Drop off time (between 7:30 and 9:30 am)</u>	<u>Estimated Pick up time (between 4:30 and 5:30 pm)</u>
Monday, Aug 9 th	\$30					
Tuesday, Aug 10 th	\$30					
Wednesday, Aug 11 th	\$30					
Wed night, Aug 11 th	See below					
Thursday, Aug 12 th	\$30					
Full week session	\$100/\$125*					

***\$125 includes full week + overnight canoe trip. Overnight canoe trip limited to the first 10 who register.**

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? _____

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.

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**