



2010 REGISTRATION FORM

Please complete **ONE** registration form
per camper per session.
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, 2010: _____ yrs

Mailing Address: _____

City: _____ Postal Code: _____

Health Insurance Number (REQUIRED) : _____

Cabin mate request: (**ONE** only please) _____

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 registration form per camper per session.**

SESSION	AGE as of Dec 31/09	SESSION DATES	CAMPER FEE (includes a free t shirt!)		
Primary	6 - 8 years	July 4 th – July 9 th	\$225.00	\$	
Junior	9,10,11 years	July 11 th – July 16 th	\$225.00	\$	
Senior	10,11,12 years	July 18 th – July 23 rd	\$225.00	\$	
Teen	13 – 17 years	July 25 th – July 30 th	\$225.00	\$	
* If more than one child from same immediate family is attending camp, take 10% off TOTAL FEES ** If registration fees are PAID IN FULL by June 1, 2010, take 5% off 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 " Limited scholarships available. Contact registrar for more information.			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

T-SHIRT ORDER FORM Included in your registration fees each camper will receive a SPCC t shirt. T shirts can be picked up when you bring your camper to their camp session. If you would like to order a size not offered below please indicate.

Camper's name: _____ male _____ female _____

Session Attending: (Circle one) Primary Junior Senior Teen

YOUTH small YOUTH medium YOUTH large adult S adult M adult L adult XL
 (6 - 8 years) (10 – 12 years) (14 – 16 years)

Other size request: _____

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: (OTHER than parent/guardian)

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 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.
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**