

MAPLE SPRINGS 2012

Registration Form

Please print clearly

Camper's Name: _____

Gender: Male Female Birthday (DD/MM/YY): _____ / _____ / _____ Age (as of June 1): _____

Address: _____ Town/City: _____

Province: _____ Postal Code: _____

Home #: () _____ - _____ Cell #: () _____ - _____ Alternate #: () _____ - _____

Email Address: _____

(Confirmation of enrollment will be sent via email. If no email address is provided, it is the responsibility of the guardian to contact us to confirm their child is registered)

Name of Church Attending (if any): _____

Cabin Mate Request (limit one): _____

(Must be same age or grade. Every effort will be made to honor requests)

New Camper at Maple Springs

Guardian: _____

Guardian: _____

Guardian Signature

Date

Camp Registration: 3:00 p.m. **Pick-up:** 12:00 p.m.

Early Departure: Your child will not be released early from camp unless accompanied by the parent/guardian who has signed both parts of this form, or person named here: (ID will be required).

Relation to child: _____

CHECKMARK YOUR CHOICE

- Spring Break Camp (Mar 19-23) \$175
- Spring Mini Camp (May 11-13) \$50
- Adventure Camp #1 (Jul 2-6) \$190
- Adventure Camp #2 (Jul 8-13) \$210
- Adventure Camp #3 (Jul 15-20) \$210
- Junior Teen Camp (Jul 22-27) \$210
 - Canoe Trip (add \$63)
- Adventure Camp #4 (Jul 29-Aug 2) \$190
- Explorer Camp (Aug 7-9) \$140
- Adventure Camp #5 (Aug 11-18) \$270
- Senior Teen Camp (Aug 20-25) \$225
- Fall Mini Camp (Oct 26-28) \$50

PAYMENT OPTIONS

Please checkmark one of the following options:

If paying BEFORE June 1, 2012:

Payment in full enclosed
OR

\$50.00 deposit (current date) and cheque for the balance enclosed (post dated to June 1, 2012)

If paying AFTER June 1, 2012:

Payment in full enclosed

MEDICAL INFORMATION

Please print clearly - To ensure that all campers will have a happy, healthy camping experience, please complete the following information.

Full Name: _____

Medical Health Number: _____ All required immunizations current? Y N

Doctor's Name: _____ Phone: () _____ - _____

Alternate Contact (*not the child's guardian*): _____

Relation to child: _____

Phone: () _____ - _____ Alternate Phone: () _____ - _____

Current Medications: _____

- All medications must come to camp in the form of a bubble pack from a Pharmacist, clearly labeled with name and dosage
- Please provide your own medications.
- All medication, including aspirin must be turned over to the first-aider.
- Every reasonable effort will be made to contact parents/Guardians if camper requires medical attention.

1. Allergies: _____

Asthma/Diabetes: If camper has asthma and/or diabetes, please provide details on a separate sheet of paper.

Explain: _____

2. Special Dietary Needs: _____

3. Are there activities (including water sports) in which the camper cannot participate, due to health or disability?

Y N

If yes, specify: _____

4. Is there any reason the camper may require extra supervision at any time?

Y N If yes, specify: _____

1. The Camp Directors reserve the right to dismiss any camper who constitutes a hazard to the safety and rights of others, or demonstrates that he/she has rejected the reasonable controls and supervision of the camp staff. No Refund of camper fees will be available. 2. The Camp Directors reserves the right to refuse any camper for whom eh/she feels the camp staff cannot provide adequate health care and/or supervision, out of concern of the camper's health and safety. The Camp director also reserves the right to refuse any camper who we feel is unable to understand and/or follow safety procedures. 3. The parent/guardian submitting this registration are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated, in writing, to the camp...including photocopy of the sections of any court order referring to the visitation rights. 4. The signature of the parent/guardian of this registration shall give the Camp Directors authorization to arrange for any special services or other requirements necessary for the best interest of the camper and shall give the Camp Director authorization to approve and obtain medical attention necessary for the camper's welfare and good health including ordering injections, anaesthesia, or surgery, if the parent/guardian cannot be reached. 5. We agree to permit use of photos and videos or other pictures of the above named camper in promoting camp programs. 6. The parents/guardians are responsible for replacing property damage by the reckless behaviour of their camper. 8. Refunds of camp fees are not made for any campers unable to attend, or departing early from camp for any reason, including health. 9. Should our child need to be picked up early from camp, or depart by any other means than other way they arrived, our child will be released in accordance with the instructions made on this form or in writing under the same parent/guardian's signature on this form.

I have read this registration form and the brochure and I accept the conditions of enrolment.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date