

SLC 2010 FAMILY CAMP REGISTRATION FORM



Registrar Sparrow Lake Camp,
PO Box 10039, Alliston, ON L9R 0B7
email: slcregistrar@sparrowlakecamp.com
Tel: 705-434-2113 Fax: 416-283-7975

(Please Print)

FAMILY CONTACT INFORMATION

Primary contact last name:		First name:	
Home Number: ()		Work Number: ()	Cell Number: ()
Street address:		City	Province:
Country (if other than Canada):	Postal Code:		

NAMES OF FAMILY MEMBERS (EACH CABIN SLEEPS 12)

	Name	Adult or Child	Age (if child)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

IN CASE OF EMERGENCY

Name of friend or relative (not attending camp):	Relationship to family:	Home phone no.: ()	Work phone no.: ()
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OTHER INFORMATION

Are there any activities that you would like to see at family camp?





GENERAL HEALTH INFORMATION – ATTACH separate PAGE IF NECESSARY

The camp program includes swimming, hiking, boating, and other physical activities. Does anyone in your group suffer from any physical, emotional condition/disorder that would prevent him/her from participating fully in the program?

Does anyone have any dietary concerns/restrictions/food allergies? Yes No If yes, please explain.

Does anyone have any allergies (other than food allergies) or asthma? Yes No If yes, please tell us the severity, the type reaction, and treatment required

Does anyone have an EpiPen? Yes No Asthma Inhaler? Yes No

I agree to forward any changes in this information to the Camp Registrar or Camp Director before we attend camp. Each participant must be covered by provincial or equivalent health insurance. I hereby assume full responsibility for any extra expenses required for the treatment of the above-named participants that are not covered by the Ontario Health Insurance or equivalent Health Insurance. To the best of my knowledge, the applicants are in good health and are physically able to participate in all camp activities, except as stated above. I will notify the camp if any of the applicants are exposed to infectious disease/conditions (e.g. lice, chicken pox) during the three weeks prior to arriving at camp. In the interest of health & safety, I give permission for this health information to be shared with appropriate camp staff.

Signature

Date

Credit Card Payments**

VISA MASTERCARD Pay deposit now Pay full balance now

Cardholder Name: _____

Number: _____ Expiry: _____

Signature: _____

**** (By signing I agree to Sparrow Lake Camp charging the \$100 deposit against this card immediately. Please indicate what payment method the remainder of the camp fee will be paid on April 24th).**

\$ 50.00 Donation _____ mm/dd/yyyy

\$100.00 Donation _____ mm/dd/yyyy

Family Camp July 30 to Aug 1

\$350 single cabin (family 2 adults, 3 children)

\$300 shared cabin or tent

Additional fees-\$60 for ages 12 and up

-\$40 for under 12

Conditions of enrollment

1. **Fees are payable in full after May 1st.** Registration must be accompanied by a non-refundable deposit of \$100.00, and a post dated cheque for the balance of the total camp fees dated April 24th. Any N.S.F. cheques will incur a \$25 charge. If payment is made by VISA or MASTERCARD please fill in and sign the section on the reverse.
2. All camper forms must be received by the registrar no later than two weeks prior to the camp session to which you have registered. Failure to complete these forms could result in your registration being cancelled.
3. **The deposit is non-refundable.** If a written cancellation request is received at the registration office 14 days or more prior to your child's departure for camp, the camper fee less registration fee will be refunded in full.
4. The Camp Director reserves the right to dismiss a camper who, in his/her opinion has displayed unacceptable behaviour and/or has not complied with the rules of the camp.
5. The parent(s) or guardian(s) submitting this application are those having legal custody over the child. Conditions of custody and access, if applicable, should be fully communicated in writing to the camp.
6. I hereby give permission and legal right to Sparrow Lake United Church Camp for the use of and ownership of any written or audiovisual material, and photographs of the enrolled camper for publicity and promotional purposes.
7. I give permission for my child to leave the camp property for overnight camping trips that occur offsite. (Traditional, Sailing, LIT programs only)
8. As a condition of acceptance of the above-named camper, I/we agree to indemnify Sparrow Lake United Church Camp in respect of any loss or injury to the camper, and to assume full responsibility for medical and other expenses in the event of illness or accident. In case of surgical emergency, I/we hereby give permission to the physician selected by the Camp Director, Camp Nurse or Group Leader, to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child, as named on reverse. I also give permission for the Camp's nurse to administer non-prescription medication within recommended dosage if required.
9. Sparrow Lake United Church Camp does not host or sponsor a social networking site, nor does the camp endorse or provide the use of the camp name, images or logo. The use of the registered camp name or logo is not allowed without written permission of the Sparrow Lake United Church Camp Board of Directors.

I have read and agree to the Conditions of Enrollment.

Signature: _____

Date: (dd/mm/yy) _____

Note: This registration form must be signed by a parent or guardian.

We respect your privacy. All camper and camper health information is accessed only by those requiring the information to provide care for the camper. To view our privacy policy, please visit our website.

Please return forms to:
Sparrow Lake Camp Registration Office
P.O. Box 10039
Alliston, ON L9R 0B7

e-mail: SLCregristrar@sparrowlakecamp.com
Fax: 416-283-7975