## **camper info** (please print)

Camper: \_\_\_\_

Please circle: Session: 1	/ 2 Male / Female
Parent/Guardian:	
Home ph #:	
Work ph #:	
Email:	
Alternate contact:	
Phone #:	
Address:	
Town:	Postal Code:
Age: Grade (as o	f Sept 2017):

Please note: We will try to accomodate special requests for cabin/activity placement, but due to space restrictions, they cannot be guaranteed.

## activities Please label choices 1-6 (4 will be chosen)

Canoes 'n Kayaks	Crafts	Archery
Swimming	Sports	Drama
Balloon animals	Art	Outdoor Ed.
Wood projects		

### payment

#### **Preorder Camp shirts!**

**\$15**/each Pickup at registration table. Order MUST be received by June 16/17. Please indicate quantity/size below:

Youth sizes:	6-8	10-12	14-16
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Adult sizes:	S	M	L	🗌 XL
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(Limited selection from previous years \$10/each)

Single Session 1 or 2	9	\$125
Each additional child (only before pre-registration deadli	ne) :	\$110
Registration per child after June 16	6/17	5160
Preorder CD of camp photos	Week 1	\$5
	Week 2	\$5

# Total Enclosed \$ \_\_\_\_\_\_ family plan info

Please list other campers included in family registration. (2 or more children from same family/residence.)

Name	Session	Grade

### Pre-registration must be in before **June 16/17**

**mail form & payment to:** Sagemace Bible Camp c/o Jodi Janzen Box 367, Winnipegosis MB ROL 2G0 (\$10 fee for any cancellations)

## medical information

Allergies or health problems? \_

Physical, emotional, behavioural considerations (including bedwetting, etc.):

Treatments:

If necessary, may the following be administered?

🗌 Advil	🗌 Tylenol	Neither	Immunizations current? <b>Y / N</b>
Name of fan	nily doctor:		
Town:		Phone:	
Medical Insu	urance Number: L		
PHIN#:			
Alternate en	nergency contact		
Relationship	to camper:		
Phone (h):		(w)	:

**NOTE:** In case of an emergency, parents will be notified first.

## terms of enrollment

The acting director reserves the right to dismiss a camper who, in the opinion of the director, is a hazard to the safety and rights of others, and who shows a blatant disregard for the stated camp rules.

As the parent / guardian of \_\_\_\_\_\_, I authorize the camp nurse and / or director to obtain such medical advice and services as may be deemed necessary for my child, and I will reimburse the camp for any medical expenses incurred.

Camp reserves the right to hold back campers from activities if attire or behavior is deemed inapproriate.

While all precautions are taken regarding the safety and well-being of all campers in the event of an accident, illness or misfortune that may occur to applicant camper, the directors, camp staff and Nordheim Mennonite Church are hereby released from any liability.

I hereby declare that I have read and agree to abide by the terms of enrollment.

Signature of Parent / Guardian

PRIVACY

Date

I consent to the use of my child's image in video or print promotional material for Sagemace Bible Camp. YES NO

In accordance with the Privacy Act, the information you give is for office purposes only and will remain strictly confidential and will not be shared with other sources. It is for identification and emergency use only. This information will not be kept on file or shared with outside parties beyond a camper's enrollment eligibility, and will be destroyed.

For office use only :		
Amount paid:	Cash / Cheque	Single / Family
Balance Owing:	Date Received:	