

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 of **Sept 2020**): _____

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

activities

Activities will be chosen in-person, at registration based on availability. Activity options will be posted on the website as they are confirmed. Please check the website for updates

camp shirts

\$15/each if preordered by June 23, 2023.
 Limited quantity/sizes may be available at the registration table for \$20



payment

Make all cheques payable to: **SAGEMACE BIBLE CAMP** or etransfer to: **admin@sagemacebiblecamp.com**. Payment includes \$10 non-refundable admin fee.

Registration per child **\$175**

Tshirt **\$15**/each

Youth sizes: 6-8 10-12 14-16

Adult sizes: S M L XL XXL

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 required. Mail form & payment

to: Sagemace Bible Camp, Box 337, Winnipegosis, MB, R0L 2G0 or etransfer to: **admin@sagemacebiblecamp.com** (\$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? **Y / N**

Name of family doctor: _____

Town: _____ Phone: _____

Medical Insurance Number:

PHIN#:

Alternate emergency 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 inappropriate.

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

Date

PRIVACY

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: _____