



what to bring: (carefully labelled)

- Bible
- pen/pencil
- sleeping bag/pillow/bedding
- clothing for hot, cold or rainy weather
- toothpaste/toothbrush
- soap, hairbrush, etc.,
- insect repellent
- SUNSCREEN!
- water bottle
- hat
- running shoes and socks
- sandals
- flashlight (optional)

please do not bring the following items:

- > **NO electronics** (smart phones, tablets, etc)
- > water guns/balloons
- > candy/pop
- > offensive clothing
- > bikinis and overly revealing swimwear
- > crop tops/short shorts
- > vapes/vaping pens

For more information regarding food donations or help in the kitchen, contact Sara Wiens at (204) 656-4581

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.

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 person to contact in an emergency

Name: _____

Relationship to camper: _____

Phone (h): _____

Phone (w): _____

NOTE: In case of an emergency, parent/guardian will be notified first.