

Bar Harbour United Church Summer Camps 2008

Buffalo Lake, Alberta

Camper Registration Form

Please fill in Parts A, B, C, D & E as completely as possible

Registrations are accepted in the order that we receive them so register early!

PART A: Select the camp(s) you wish to attend

<i>Camp Name</i>	<i>Camp Dates</i>	<i>Ages</i>	<i>Cost</i>
<input type="checkbox"/> Junior Camp #1	Sunday July 6 to Friday July 11	9-12	\$195
<input type="checkbox"/> Junior Camp #2	Sunday July 13 to Friday July 18	9-12	\$195
<input type="checkbox"/> Scamper Camp #1	Sunday July 20 to Tuesday July 22	6-8	\$ 90
<input type="checkbox"/> Family Camp	Wednesday July 25 to Friday July 27		
Cost - \$ 40 for Ages 13+, \$20 for Ages 6-12 and Ages 1-5 are free			
<input type="checkbox"/> Junior Camp #3	Sunday July 27 to Friday August 1	9-12	\$195
<input type="checkbox"/> Intermediate Camp	Monday August 4 to Saturday August 9	13-15	
<input type="checkbox"/> Scamper Camp #2	Sunday August 10 to Tuesday August 12	6-8	\$ 90

PART B: Fees

* If we receive your registration prior to June 1st, 2008 you will receive a free Bar Harbour Camp T-shirt!

Calculate Total of Registration fees:

of campers _____ @ \$ 20 = \$ _____
of campers _____ @ \$ 40 = \$ _____
of campers _____ @ \$ 90 = \$ _____
of campers _____ @ \$195 = \$ _____
Balance Due: \$ _____

Choose a T-Shirt size:

Adult XXL Youth 14-16
Adult XL
Adult L Youth 10-12
Adult M
Adult S Youth 6- 8

To confirm your registration we must receive the complete total of the Balance Due.

This may be submitted in either of the following two options.

- Option 1. Two Cheques: i. a non-refundable \$30 deposit, cashable upon receipt
ii. a postdated cheque for the remaining balance, cashable on June 15/08
- Option 2. One Cheque: i. for the complete balance, cashable upon receipt

Please make cheques payable to BAR HARBOUR CAMP and mail to:

Bar Harbour Camp, Attn: Registrar
Box 1645, Stettler, Alberta, T0C 2L0

Please direct any questions to the camp at:

☎ 403-742-4887 and leave a message **OR** ➔ info@barharbourcamp.com

PART C: Basic Information

Campers full name: _____ Male Female

Birthday: _____ Age as of Camp Start Date: _____ Entering Grade: _____
Month/Day/Year

Mailing Address: _____ Home Phone #: (_____) _____

City/Town: _____ Postal Code: _____

Parent/Guardian Name (1)

Home Phone #: (_____) _____ Work Phone #: (_____) _____ Cell Phone #: (_____) _____

Parent/Guardian Name (2)

Home Phone #:() Work Phone #:() Cell Phone #:()

Can this child swim? _____ If yes, what level? _____

PART D: Medical Information

*It is critical that this form is filled out completely: **Please** make camp staff aware of any special needs or considerations **prior** to camp. All information provided is confidential and will be handled in a professional manner. The more information you provide, the better we can ensure a positive camping experience for your child. If you need more space please attach further details to this form.*

Camper's Full Legal Name: _____ Height: _____ Weight: _____

Provincial Health Care #: _____ Health Care Subscribers Full Name: _____

Other health care or hospitalization coverage #'s and plan names: _____

Name of Family Doctor: _____ Phone #: () _____

Special instructions for staff regarding special needs or health care of this child: _____

Dietary Needs / Food Dislikes: _____

List Food Allergies: _____ Vegetarian:

Any allergies or reactions to drugs, insect bites or bees? Please describe condition and treatment required: _____

If the camper is subject to any of the following, please mark and list treatment required:

Homesickness Headaches Sleep Walking

Ear aches Nightmares Bed Wetting Respiratory ailments

Any other conditions that staff should be aware of? _____

Date of Last Tetanus Shot: _____ Are glasses or contacts worn? Yes No

This camper may be given:

Tylenol Advil Ibuprofen Throat Lozenge Peptobismol

Any and all medications that the camper is bringing with them must be clearly labelled and given to the First Aid Staff upon arrival. The First Aid Staff will dispense all medications and document all complaints and treatments. The First Aid Staff is on call 24 hours a day and with campers during activities throughout the day.

Emergency Contacts

In the event of an emergency every attempt will be made to contact the parent/guardian(s) of the child at the first appropriate opportunity. Please list an emergency contact in the event the parent/guardian(s) is/are unable to be reached.

NAME: _____ CITY/TOWN _____

Home Phone#() _____ Work Phone#() _____ Cell Phone #() _____

RELATIONSHIP TO CAMPER: _____

I authorize Bar Harbour Camp and its staff to provide medications as instructed and first aid treatment as required for my child. I also authorize Bar Harbour Camp and its staff to provide appropriate transportation to Stettler Hospital if so required.

* Signature: _____ Print Name: _____ Date: _____

Parent/Guardian

PART E: Release of Camper

IMPORTANT: Bar Harbour Camp will only release this camper to the following people (include parent/guardian, and emergency contact(s) also) Please Print Names.

(If there is a protection order from the Courts or Child Welfare we require a copy attached to this form.)

Permission for release of Camper to the above named individuals

* Signature: _____ Print Name: _____ Date: _____

Parent/Guardian

*** PARENTS NEED TO SIGN BOTH PART D & E ***