

Registration for Summer Camps 2010

Please note, only one camper per application form

***Form must be mailed to the camp office prior to the start of camp!**

Please check appropriate box:

ONTARIO 13-18 yrs 11-13 yrs 9-11 yrs \$140.00 7-9 yrs \$85.00

BRITISH COLUMBIA Discovery One Discovery Two \$155.00

Teen Adventure Camp \$165.00 Squirt \$55.00

T-shirt size (BC only): Kids S M L

Youth S M L XL

First Name _____ Last Name _____

Male Female

Address _____

City _____

Province _____ Postal Code _____

Telephone(____) _____

Date of Birth (dd/mm/yy) _____

Age (at time of camp) _____

Emergency Contact _____

Telephone(____) _____

Deposit \$ 20 (ON); 40 (BC) Full Amount \$ _____

Please make cheques payable to The Faith Mission.

Please Read carefully: I understand that the Camp Director may send a camper home at the parent's expense if the child's behaviour is deemed not to be in the best interest of the camp program and other campers. While every precaution shall be taken to ensure the welfare and protection of each camper The Faith Mission (in Canada), it's Directors, Staff members or Employees of facilities outside the campgrounds or while being transported in vehicles are hereby released from any liability in the event of accident or misfortune that may occur to the camper.

Signature of Parent/Guardian _____

Date (dd/mm/yy) _____

Medical Form for Summer Camp 2010

Please note only one camper per medical form

Full Name of Camper _____

Allergies to food or drugs? Yes No If yes please specify

Allergic to bee stings? Yes No

Medication required at camp? Yes No If yes please specify

Can the required strength of Tylenol or Advil be administered? Yes No

Date of last Tetanus injection? _____

Has the camper any physical weakness or disability that may require attention?

Yes No If yes please specify

Health# _____ Family Doctor _____

Telephone(____) _____

Please ensure that campers are free from head lice or any contagious disease before coming to camp. If this is not adhered to then we reserve the right to send a camper home or if any treatment is administered, the parent/guardian will be billed. Please Read carefully: I hereby give the Camp Director the right to arrange for any special service, medical or otherwise, that shall be required in the best interest of the camper and accept responsibility for the payment of any such services.

Signature of Parent/Guardian _____

Date (dd/mm/yy) _____

Mail form with deposit to:

Faith Mission Summer Camp

P.O. Box 376
Campbellville, ON L0P 1B0
FmCampbellville@aol.com

326 Inverness Dr
Coldstream, BC V1B 3W1
FmInterior@telus.net