

Jacob's Well Registration: August 29-September 4, 2010

ALL INFORMATION MUST BE COMPLETED BEFORE YOU WILL BE CONSIDERED REGISTERED.

CAMPER INFO

PLEASE PRINT (except for signatures).

Camper's First Name: _____ Last Name: _____ Attended in 2009 Y N Gender M F

Birth Date: ____/____/____ M D Y Grade in Fall 2010: _____ T-shirt Size: S M L XL XXL Adult

Child's Address: _____

City: _____ Prov: _____ Postal Code: _____

Mother/Female Guardian: _____ Father/Male Guardian: _____

Mother's Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Father's Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Caregiver's Email Address (give one only): _____

Camper lives with Both Parents Mother Father Other: _____

Alternate Emergency Contact Name: _____ Relationship to camper: _____

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

Tax receipt to be issued in name of: _____

Do you attend Bramalea Baptist Church? Yes No If no, which church do you attend? _____

If no, how did you find out about Jacob's Well? _____

PAYMENT OPTIONS

Full payment of \$335 is due upon registration. Submit payment by **cheque** payable to Bramalea Baptist Church (please do not post-date), or **debit** (in church office only).

If paying by **credit card**, please complete information below:

Visa Mastercard

Card Number: _____ Expiry: _____

I hereby authorize the above-noted payment to be processed by the credit card and number provided.

Cardholder Name _____ Cardholder Signature _____ Date _____

Please note: payment or other arrangements may be considered by Student Life Director upon request; contact mmackneer@bramalea.org

MEDICAL

Please attach a note of explanation if required.

CAMPER'S FIRST NAME: _____ LAST NAME: _____

OHIP Health Card #: _____ Height _____ ft. _____ in. Weight _____ lbs.

Last Tetanus Shot or Booster Shot: ____/____/____ Immunization details: _____

Special Physical Features: _____

1. Are there any health issues, emotional or behavioural conditions we should be aware of? Yes No If yes, please explain: _____

2. Does the camper have any allergies (including drugs and food)? Yes No If yes, please explain: _____

3. If yes to allergies, do parents agree to provide an epi-pen to be packed with camper? Yes No

List special health-related diet requests: _____

4. Is the camper currently receiving medication of any kind? Yes No If yes, please list medications and explanations: _____

5. In your opinion, is the camper physically and emotionally fit to participate in the rigorous activities of camp life? Yes No

6. Name of family doctor: _____ Telephone: _____

The camp provides first aid on the camp grounds during the camp session. The parent or guardian is responsible to provide adequate medical coverage for the camper.

CAMPER CONDUCT AGREEMENT

I agree that it is a privilege to attend camp and to honour that privilege I will abide by the guidelines set by the leadership at Jacob's Well; concerning attendance, curfew and participation in activities. I understand that Camp Kakeka is a **No Smoking** facility and agree that I will not bring cigarettes, alcohol, non-prescription drugs or anything else on the "Leave At Home" list to camp. I further acknowledge that all living quarters for females are off limits to males and all living quarters for males are off limits to females at all times. I realize that my failure to be co-operative in these and other areas could result in my being sent home at my expense. I understand that the cost to repair any damage to the facilities that I am responsible for will be paid for by the parties involved.

Camper's Name: _____ Camper's Signature: _____

CONDITIONS OF REGISTRATION - Please read carefully.

- ☺ The camp director reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety and rights of others, refuses to participate in the designed program or who refuses to sign the camper agreement.
- ☺ Every precaution is taken for the safety and good health of our campers, but in the event of an accident or sickness, Bramalea Baptist Church, including the camp directors, the camp staff, and the employers and employees of the camp facility are hereby released from liability. Each camper must be covered by OHIP or equivalent insurance.
- ☺ Permission is granted to provide normal medical attention. In the event a camper requires special medication, x-rays, or treatment beyond that which is possible at the camp, the parents will be notified immediately and will be charged with the additional expense of transportation and special care. In case of a surgical emergency or a required treatment by a registered doctor, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anaesthesia or surgery for my camper as named on this registration form. In case of emergency, if we are not immediately available for consultation, I hereby give permission to the physician selected by the camp director, to hospitalize, secure proper treatment for, and to order injections, anaesthesia or surgery for my child as named above.

Signature of Parent/Guardian: _____ Date: _____

Send registration with payment to: Children and Youth Ministries, Bramalea Baptist Church, 9050 Dixie Road, Brampton, ON L6S 1J3.
Send by fax with credit card number to: 905.451.0072. For more information, contact Dawn at 905.451.6088 ext. 260 or dflexhaug@bramalea.org.