

Evergreen Christian Ministries 2010 Camp Mishewah Youth Camp Registration



We look forward to receiving your registration for one of our
Youth Camps at Camp Mishewah on Round Lake.

Please include one complete 2 page registration per camper.

Camper Information: (All information on this form will remain confidential.)

Name: _____ Male _____ Female _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: (_____) _____ Work Phone :(_____) _____

Cell Phone :(_____) _____ Email Address: _____

Parent/Guardian Names: Father _____ Mother _____

Circle Who Camper Lives With: Both Parents; Mother; Father ; Other(specify) _____

Camper's Birthday: year _____ month _____ day _____ Age at Camp: _____

Name of Church: _____ Location: _____

Emergency Contact: _____

Phone # While at Camp: _____ Relationship to Camper: _____

Please check chosen Camp Session:

- | | |
|--|--|
| <input type="checkbox"/> Scamps & Champs 1 (July 25 – 31), | <input type="checkbox"/> Scamps & Champs 2 (August 8 – 14), |
| <input type="checkbox"/> Junior Teen (August 15 – 21), | <input type="checkbox"/> Senior Teen (August 29 – September 4) |

If camper wishes to be accommodated with one friend of the same age, please indicate here:

Friend's Name: _____ Age at Camp: _____

We will make every effort to accommodate one friend of the same age, with mutual consent. If we cannot we will contact you.

Medical Information:

Health Card Number: _____

1. Does the camper have any physical, emotional, mental, social challenges or behaviours? No__ Yes__ **Please explain.** _____

2. Is the camper on medication? No__ Yes__ **Please explain.** _____

3. Does the camper have any allergies? No__ Yes__ If yes, please specify.
Food allergies: _____ Other allergies: _____

Does camper carry an epi-pen? No__ Yes__ **Food allergy policy: Our goal is to create a safe environment for children and help them self-manage their condition. We are a nut aware facility.*

A more detailed Health Form will be sent with the Camper Information Package.

That Health Form is to be sent with the camper to camp.

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Please sign below and mail, email or fax both pages of this application form per camper to our bookkeeper at: Evergreen Christian Ministries

C/O Verlie Koch

274 13th Avenue "A", Hanover, ON N4N 2X4

Phone/Fax: 519-364-1714 Email form to: registrations@evergreencm.org

Camper Name: _____

Please check the session camper will be attending and indicate if you require bus transportation.

Check	Camp	Camp Session	Dates	Age Group	Pre-HST Pricing Rate Registration forms must be received before April 30/10.	Regular Rate: All registrations received on or after May 1/10.
	Camp Mishewah	Scamps & Champs 1	July 25 - 31	8-12	\$319.00 plus 5% GST & 3% PST = \$344.52	\$319.00 plus 13% HST = \$360.47
	Camp Mishewah	Scamps & Champs 2	Aug. 8 -14	8-12	\$319.00 plus 5% GST & 3% PST = \$344.52	\$319.00 plus 13% HST = \$360.47
	Camp Mishewah	Junior Teen	Aug. 15 - 21	12-14	\$325.00 plus 5% GST & 3% PST = \$351.00	\$325.00 plus 13% HST = \$367.25
	Camp Mishewah	Senior Teen	Aug. 29 – Sept. 4	15-19	\$350.00 plus 5% GST & 3% PST = \$378.00	\$350.00 plus 13% HST = \$395.50
	BUS TO MISHEWAH	ALL SESSIONS Detailed bus info will be sent with your camper information package.			\$79.10 return \$39.55 one way Includes taxes.	\$79.10 return \$39.55 one way Includes taxes.
	Family Rate!	1 st child pays full rate. Save \$20 on each additional camper's registration fee. This applies to campers attending TOP also. Deduction will be noted on invoice.				

Save the HST and fax/email/mail this form BEFORE APRIL 30th.

Mail, email or fax this registration form to the address above: **PLEASE DO NOT INCLUDE PAYMENT.** An invoice will be sent back to you with the total amount owing. Please indicate by checking the appropriate box:

- Send by regular mail
- Send to me via email (print clearly) _____
- Fax to me at: _____ Attention of: _____

Conditions of Registration:

The parents/guardians submitting this registration are those having legal custody of the camper. The signature on the registration form signifies both parents/guardians are in agreement with the conditions of enrollment.

1. The Directors have the right to dismiss any camper for non-compliance with camp policies and/or when it is deemed by the Director to be in the best interests of the child and/or the Camp.
2. That ECM is not responsible for any damage or loss of personal items or personal injury while at camp or while participating in any camp activity.
3. In the best interest of your child and other campers, we discourage phone calls home or parental visits to help prevent homesickness.
4. I give permission for ECM Camps to use any image of my child for promotional material and/or records.
5. I give permission for my child to ride the bus or ride in a private vehicle from Camp to the canoe launch for the canoe trip .

As parent/guardian, I have read these conditions and am in full agreement and do hereby sign below.

Signature of Parent/Guardian: _____ **Date:** _____