

Evergreen Christian Ministries 2010 Trail of the Pines Youth Camp Registration Form



We look forward to receiving your registration for one great week of
Trail of the Pines Camp Sunday July 4 to Saturday July 10, 2010
at Stayner Bible Conference Grounds

Please include one complete 2 page form per camper.

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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 Name: _____

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

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, you will be contacted.

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 not a nut/peanut free 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 sides of this application form per camper to our bookkeeper:



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: _____

Camp Location	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.
Stayner Bible Conference Grounds	Trail of the Pines	Sunday July 4 – Saturday July 10	8-12	\$275.00 Plus 5% GST & 3% PST=\$297	\$275.00 Plus 13% HST=\$310.75
Family Rate	1 st child pays full rate. Save \$20 on each additional camper's registration fee. This applies to campers attending camp Mishewah also. Deduction will be noted on invoice.				

Save the HST and fax/email/mail your registration 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 enrolment.

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 to the swimming pool in Stayner or Wasaga Beach each day.
- As parent/guardian, I have read these conditions and am in full agreement and do hereby sign below.

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