

# Evergreen Christian Ministries 2012 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 Information:** (All information on this form will remain confidential.)

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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:

Scamps & Champs 1 (July 29 – Aug 4),  Scamps & Champs 2 (Aug 5 - 11),

Junior Teen (August 19 – 25),  Senior Teen (August 26 – Sept 1)

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. Do not return the health form to us before camp. That Health Form is to accompany the camper to camp.**

*For all programs offered by Evergreen Christian Ministries go to the web at [www.evergreencm.org](http://www.evergreencm.org) Inquiries Email: [info@evergreencm.org](mailto:info@evergreencm.org)*



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Please sign below and mail, email or fax both pages of this application form per camper to the Camp Registrar at: Evergreen Christian Ministries  
C/O Verlie Koch

274 13<sup>th</sup> Avenue "A", Hanover, ON N4N 2X4

Phone/Fax: 519-364-1714 or Email form to: [registrations@evergreencm.org](mailto:registrations@evergreencm.org)

Camper Name: \_\_\_\_\_

Please check the session camper will be attending and indicate if bus transportation is required.

See our website [www.evergreencm.org](http://www.evergreencm.org) for transportation details.

Check	Camp	Camp Session	Dates	Age Group	Early Bird Rate: All registration forms must be received before April 30, 2012	Regular Rate: All registration forms received on or after May 1, 2012
	Camp Mishewah	Scamps & Champs 1	July 29 – Aug 4	8 - 12	\$351.00 plus 13% HST = <b>\$396.63</b>	\$369.00 plus 13% HST = <b>\$416.97</b>
	Camp Mishewah	Scamps & Champs 2 <i>(BUS transportation is NOT available)</i>	August 5 – 11	8 - 12	\$351.00 plus 13% HST = <b>\$396.63</b>	\$369.00 plus 13% HST = <b>\$416.97</b>
	Camp Mishewah	Junior Teen	August 19 – 25	12 - 14	\$358.00 plus 13% HST = <b>\$404.54</b>	\$380.00 plus 13% HST = <b>\$429.40</b>
	Camp Mishewah	Senior Teen *	Aug 26 – Sept 1	15 - 19	\$385.00 plus 13% HST = <b>\$435.05</b>	\$407.00 plus 13% HST = <b>\$459.91</b>
* If camper is counseling at any of our camps this summer, please check the box to the left and a Counselor discount will be applied to your invoice.						
Transportation is available for most weeks. For route info, go to <a href="http://www.evergreencm.org">www.evergreencm.org</a>		Detailed bus info will be sent with your invoice		Please select: Round trip One way only	\$95.00 round trip \$47.50 one way Tax included	\$95.00 round trip \$47.50 one way Tax included
<b>Family Rate!</b> 1 <sup>st</sup> child pays full rate. Save \$20 on each additional camper's registration fee. This applies to campers attending Trail of the Pines (Stayner) also. Deduction will be noted on invoice.						

Mail, email or fax these registration forms 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 invoice to me by regular mail
- Send invoice via email (print clearly) \_\_\_\_\_
- Fax invoice 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.

- 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.
- 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.
- In the best interest of your child and other campers, we discourage phone calls home or parental visits to help prevent homesickness.
- I give permission for ECM Camps to use any image of my child for promotional material and/or records.
- 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: \_\_\_\_\_