

# Trail of the Pines Youth Camp Application

## Sunday July 8 to Saturday July 14, 2012



We look forward to receiving your registration for this fun filled week of Trail of the Pines Camp at Stayner Bible Conference Grounds.



**Please include one complete 3 page form 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: \_\_\_\_\_

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 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.**

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***New for 2012 are our Skill Streams! Choose one.***

Each camper may **choose one** of the following streams. They will participate daily in this stream, under the direction of a skilled leader, helping them develop a higher degree of ability in that skill while having a pile of fun.



**1. Outdoor Adventures** (for campers ages 10, 11, 12)

Camper will paddle the Nottawasaga River, walk the scenic Bruce Trail with a packed lunch, sleep under the stars, learn to cook on an open fire (yes, even bake a cake!), visit the Scenic Caves in Collingwood and included each day is a swim. Running shoes or hiking shoes are a must for this skill. Some programming is provided by Eagle Adventures.



**2. Nature Fiber Crafts** (for all camper ages)

If making stuff is what you do then sign up for this skill. We will create usable items out of wood, make paper out of plant based fibers and use that paper for finished products, use nature products as stamps and shapes. You will go home with a box full of finished projects.



**3. Drama and Music Skill** (for all camper ages)

Mime, hip hop, interpretive dance, it is great exercise for the body and a fun way to show your creative side. You will under the direction of a trained teacher develop and sharpen up your acting ability. You will be part of our worship ministry at camp and on Friday will present to some special guests a demonstration of your talents.



**Camper Name (one camper per form please):** \_\_\_\_\_

<i>Choose One</i> ✓	<i>My age is:</i>	<i>Boy or girl?</i>	<i>Skill Stream</i>	<i>For Ages</i>
			Outdoor Adventures	Ages 10, 11, 12
			Nature Fibers Crafts	All camper ages
			Drama and Music	All camper ages

Camper will participate in the regular lineup of activities that camp has to offer, swimming, chapels, campfire, archery, cabin activities and wide events.

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Please sign below and mail, email or fax all 3 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 to: [registrations@evergreencm.org](mailto:registrations@evergreencm.org)

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

Please indicate if bus transportation is required. Go to [www.evergreencm.org](http://www.evergreencm.org) for transportation details.

Check here for bus form	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
	<b>Trail of the Pines, Stayner Bible Conference Grounds</b>	Sunday July 8 – Saturday July 14	8-12	\$303.00 Plus 13% HST=\$342.39	\$319.00 Plus 13% HST=\$360.47
<b>Transportation is available this summer. For route info, see our website <a href="http://www.evergreencm.org">www.evergreencm.org</a>.</b>		<b>Detailed bus info will be sent with your invoice</b>		\$50.00 round trip \$25.00 one way Tax included	\$50.00 round trip \$25.00 one way Tax included

**Family Rate!** 1<sup>st</sup> 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.

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 to me 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 enrolment.

- 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 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: \_\_\_\_\_

*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)*