

CAMP VENTURE SUMMER 2011 REGISTRATION FORM

PERSONAL INFORMATION

PARENTS NAME: _____
 CAMPERS NAME: _____
 (M)/(F) BIRTHDATE: _____ / _____ / _____
 HEIGHT: _____ (BUNKS ARE ASSIGNED BY HEIGHT)
 MAILING ADDRESS: _____

CITY: _____ POSTAL CODE: _____
 PH #: (H): _____ (B): _____
 EMAIL: _____
 WHERE DID YOU HEAR?: _____
 WERE YOU REFERRED? **Y/N** BY WHOM? _____

MEDICAL INFORMATION

HEALTH CARE #: _____
 EMERGENCY CONTACT: _____
 RELATIONSHIP: _____
 PH #: (H): _____ (B): _____
 ALTERNATE CONTACT: _____
 RELATIONSHIP: _____
 PH #: (H): _____ (B): _____
 PHYSICIANS NAME: _____
 ANY MEDICAL OR BEHAVIORAL PROBLEMS? _____

IS YOUR CHILD CURRENTLY ON ANY MEDICATIONS?: **Y / N**
 IF YES, THEN WHAT FOR?: _____

LIST ALL ALLERGIES & THEIR MEDICATIONS: _____

FOOD RESTRICTIONS: _____

MAY THE FOLLOWING BE ADMINISTERED IF NECESSARY?:

TYLENOL: **Y / N** COUGH SYRUP: **Y / N**
 ADVIL: **Y / N** COUGH DROPS: **Y / N**
 GRAVOL: **Y / N** ANTIHISTAMINES: **Y / N**

I/WE HEREBY GIVE PERMISSION FOR MY CHILD TO ATTEND CAMP VENTURE ON THE DATES _____, TO PARTICIPATE IN ALL ACTIVITIES, TO GO ON ALL TRIPS/OUTINGS DURING THE WEEK & GIVE CAMP VENTURE PHOTO RELEASE PERMISSION. THE CAMP DIRECTOR RESERVES THE RIGHT TO DISMISS ANY CAMPER WHO IS A HAZARD TO THE HEALTH & SAFETY OF OTHERS, OR WHO APPEARS TO HAVE REJECTED REASONABLE CONTROLS OF THE CAMP. I/WE CONSENT TO ANY MEDICAL TREATMENT IN THE CASE OF EMERGENCY. I/WE RELEASE THE POPE LEASE PINES/CAMP VENTURE AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AFFILIATES AND REPRESENTATIVES FOR ANY LOSSES, DAMAGES, OR COSTS THEY MAY INCUR AS A RESULT OF MY CHILD'S PARTICIPATION IN SUCH CAMP AND INJURIES AND ILLNESSES WHICH MAY HAVE RESULTED. I UNDERSTAND THIS IS A LEGAL AGREEMENT AND IS BINDING UPON MY HEIRS, NEXT OF KIN, ETC. I AM LEGALLY ENTITLED TO COMMIT TO THIS AGREEMENT ON BEHALF OF THE CAMPER AND THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT VOLUNTARILY I AM AGREEING TO THE TERMS AS STATED.

SIGNATURE: _____

DATE: _____ / _____ / _____

COSTS

REGISTRATION: ALL CAMPS ARE \$350 (+ GST)

FAMILY DISCOUNT: 10% OFF PER CHILD FROM THE SAME FAMILY

REFERRAL DISCOUNT: 10% OFF PER REGISTERED REFERRAL

REGISTRATION DATES

(PLEASE CIRCLE NUMBER)

JUL 3 – 8	1	JUL 31 - AUG 5	5	
JUL 10 – 15	2	AUG 7 – 12	6	
JUL 17 – 22	3	AUG 14 – 19	7	COOKING _____ CRAFT WORKS _____
JUL 24 – 29	4	AUG 21 – 26	8	LEATHER _____ WOODCRAFTS _____

CLASS SELECTION

NUMBER CHOICES 1- 4,
 WITH 1 BEING YOUR FIRST PICK
 LIMIT OF 10 KIDS PER CLASS

(LEATHER : Beg / Int / Adv)

PAYMENT OPTIONS

PLEASE MARK YOUR SELECTION WITH AN "X"

<input type="checkbox"/>	CASH OR MONEY ORDER	<input type="checkbox"/>	CREDIT CARD
<input type="checkbox"/>	TWO CHEQUES	VISA _____	
	1) \$100 DEPOSIT	M/C _____	
	2) BALANCE: POST-DATED FOR TWO WEEKS PRIOR TO CAMP START DATE.	EXP. DATE: _____ / _____	
		CARDHOLDER NAME: _____	
		SIGNATURE: _____	

IMPORTANT NOTES

ALL PAYMENTS PAYABLE TO **THE POPE LEASE PINES**. THERE IS A CHARGE OF \$25 FOR ALL NSF PAYMENTS.

CANCELLATION POLICY

NON-REFUNDABLE DEPOSIT. IF CANCELLATION IS MADE LESS THAN 2 WEEKS PRIOR TO THE CAMP START DATE, NO REFUND WILL BE GIVEN UNLESS DUE TO ILLNESS AND A DOCTORS WRITTEN CONFIRMATION IS PROVIDED.

DISCLAIMER

IF ANY CAMP WERE TO BE CANCELLED BECAUSE OF TOO FEW PARTICIPANTS, YOUR CHILD WOULD BE MOVED TO ANOTHER DATE, IF POSSIBLE, OR A FULL REFUND GIVEN.