



Online Registration 2011 Parent/Guardian Signature

THIS FORM MUST BE SIGNED AND RETURNED FOR YOUR CHILD TO ATTEND CAMP

Camper Name: _____

Camp Week Attending: _____

Please sign this consent form and mail back to: **Camp Arnes, Box 28009 RPO NK Winnipeg, Manitoba R2G 4E9 or Fax: 338.4706**

CONDITIONS OF ENROLLMENT:

1. The Director's reserve the right to dismiss a camper who in his opinion is a hazard to the safety of others, or who appears to have rejected the reasonable controls of the camp. If this occurs, the fee is non-refundable.
2. I give permission to Camp Arnes to use photographs/videos of the camper for promotional material.
3. The parents/guardians submitting this form are those having legal custody of the child. Conditions of custody, if applicable, must be fully communicated in writing to the camp.
4. The parents/guardians, recognizing that Camp Arnes will do its part to provide qualified, well trained staff and a safe environment; agree to assume all risks, and to release, indemnify, and save harmless Lake Winnipeg Mission Camp Society Inc., its affiliated organizations, and its employees and representatives (on whose behalf this agreement is made) from injury, loss or damage that may occur to the camper or camper's property.
5. The camper is covered by Provincial Health or equivalent medical insurance.
6. I agree to allow Camp Arnes to mail or email me correspondence pertaining to the ministry. I also agree to allow Camp Arnes to share my personal mailing address and phone number with churches affiliated with Camp Arnes for the purpose of summer camp follow-up events and programs.
7. All prescribed medication must be in the **Original Prescription Bottle** (please send sufficient supply with a few extra). All medications will be administered by the camp nurse. If the medication is not in the original bottle or the label is not legible **It Will Not Be Administered**. Please **do not send non-prescription** medication unless camper is on them on a regular basis (ie. Tylenol). Infirmary has a supply at camp for most situations and maintains general standing orders with a qualified physician.
8. I herewith give consent for the camp administration to secure medial treatment in the event of an emergency. I give permission for the medical staff to administer medication. I give permission for qualified staff to administer and Epi pen if needed. I will notify the camp in writing if any change occurs in the camper's health within 6 weeks prior to attending camp.
9. I have read this registration form and the program guide and I agree to be responsible for the payment of all fees due to the camp.
10. I certify that the information given above is complete and accurate to the best of my knowledge.

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