



# CAMP ARNES • SUMMER CAMP REGISTRATION FORM • 2010

Box 28009 RPO NK Winnipeg, Manitoba R2G 4E9 Ph: (204) 338.4647 Fax: (204) 338.4706

## IMPORTANT REGISTRATION INFORMATION

- **REMEMBER TO REGISTER EARLY AS SPOTS ARE LIMITED!**
- Complete **one form per camper** and mail or fax, along with payment (cash, cheque or credit card) in full or **\$50 non-refundable deposit** per camper per session. **PAYMENT IS DUE IN FULL BY: JUNE 1, 2010.**
- Cheques can be payable to Camp Arnes. Post-dated cheques are accepted on balance of fees only. NSF cheques will result in a \$15 fee and cancellation of registration for that camper if payment is not received with additional fee.
- **If registering after June 1, 2010 full payment is due.**
- **If cancellations are made three or more weeks prior to session**, the fee less the deposit (\$50 + GST) will be refunded. If less than three weeks prior to session, no refund will be issued (unless a doctor's certificate is provided in case of medical emergency). No refund will be issued for dismissal due to disciplinary action, late arrival or early arrival. Deposits and fees are non-transferable.
- Camper Scholarships may be available based on financial need. Please contact our registrar at 338.4647 or email registrar@camparnes.com for details.

## CAMPER INFORMATION

Camper Name: \_\_\_\_\_  
 Camper Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Male:  Female:  Birthdate: \_\_\_\_\_ Age by Dec. 31/10 \_\_\_\_\_ Grade: \_\_\_\_\_  
 Personal MB Health #: \_\_\_\_\_ Family MB Health #: \_\_\_\_\_  
 Cabin Mate Request: (Both campers **must request each other** and be of the **same age and same gender** – max. 2 names!)  
 \_\_\_\_\_ & \_\_\_\_\_

**Bring A Friend** – Sign up a friend to come to camp on the same week as you receive a **\$15** store credit as a thank you! (This friend cannot have been to Camp Arnes before, is not a sibling and two first time campers cannot sign up each other).

Name of Friend: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
 Mother Home Phone: \_\_\_\_\_ Mother Work Phone: \_\_\_\_\_ Mother Cell: \_\_\_\_\_  
 Father Home Phone: \_\_\_\_\_ Father Work Phone: \_\_\_\_\_ Father Cell: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Custody: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Denominational/Religious Background: \_\_\_\_\_

## CARPOOL INFORMATION (Photo ID will be required)

In addition to the parents/guardians, only people on this list will be allowed to pick up your child:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## HEALTH INFORMATION

List of Allergies: \_\_\_\_\_  
 List of Medication & Dosage: \_\_\_\_\_  
 Medications must be in the ORIGINAL PRESCRIPTION BOTTLE or PACKAGING  
 Any medications that your child **SHOULD NOT** take/ingest while at camp: \_\_\_\_\_  
 Any of the following needs that may require special attention at camp: Physical:  Emotional:  Behavioural:   
 If YES to any of the above, please include a brief explanation and if they need a One on One support worker (a medical form will be sent to you).

Does your child have: Asthma:  Migraines:  Seizure Disorder:  Bedwetting:  Other:

## REQUIRED SIGNATURE

### CONDITIONS OF ENROLLMENT:

1. The Director reserves the right to dismiss a camper who, in their 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. If applicable, must be fully communicated in writing to the camp.
4. The parents/guardians, recognize that Camp Arnes will do its part to provide qualified, well trained staff and a safe environment; agree to assume all risk, 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 e-mail 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).
8. I herewith give consent for the camp administration to secure medical 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.

Note: this application cannot be processed unless the form is complete, dated, signed and a \$50 deposit per camp session is included.

Parent/Guardian Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

