



CAMP ARNES • ULTIMATE DAY REGISTRATION

Box 28009 RPO NK Winnipeg, Manitoba R2G 4E9 Ph: (204) 338-4647 Fax: (204) 338-4706

For March 17, 2023

Registrations are due **March 15, 2023**. Register early as space is limited.

FEE: Only \$60.00 + GST! Includes transportation (to and from camp), really great camp food and of course loads of enjoyment!

Special Needs: If your child has special needs, you will need to provide your own worker to accompany them to camp that day.

WHO CAN COME? Campers currently aged 8-17 years old.

CAMPER INFORMATION *the form is considered incomplete without medical numbers and your child will not be registered!!!

Camper Name: _____ Birthdate (DD/MM/YYYY): ____ / ____ / _____ Male Female

Mailing Address: _____ City: _____ Prov: _____ Postal Code: ____ / ____

Personal MB Health #: ____ / ____ / ____ Family MB Health #: ____ / ____

PARENT/GUARDIAN INFORMATION *we require at least two guardian phone numbers AND an alternate contact in case of emergencies

Parent / Foster Parent: _____ Custody (if separated): Mom Dad Joint Agency

Primary Phone: (____) _____ - _____ Mother's Alternate Phone: (____) _____ - _____

Father's Alternate Phone: (____) _____ - _____ Primary Email Address: _____

Alternate Contact Name: _____ Alternate Contact Phone: (____) _____ - _____

***if the child is in foster care, the following information must be provided**

Social Worker's Name: _____ Social Worker Phone: (____) _____ - _____

Social Worker's Email: _____ Agency Fax Number: (____) _____ - _____

CARPOOL INFORMATION (PHOTO ID WILL BE REQUIRED FROM ANYONE PICKING UP A CHILD) *parents will also need ID

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

1) _____ 2) _____

HEALTH INFORMATION

List of Allergies and/or Dietary needs: _____

Any of the following needs that may require special attention at camp: Physical Emotional Behavioral

If YES to any of the above, will your child be attending with a one-on-one support worker? Yes No

IMPORTANT INFORMATION

BUSSING REQUIRED: Bus to camp Bus from camp

Leaving 173 Talbot Ave. (MBCI) (Arrive no later than 8:15am we cannot wait for late arrivals!)

Returning to the same location at/around 5:15 pm.

AGENCY PAYMENT INSTRUCTIONS

PAYMENT PROCEDURE: Payment is due 30 days from the date you are invoiced. Interest at the rate of 2% per month will be added to any unpaid accounts beginning 30 days following the balance due date. Make cheques payable to Camp Arnes.

PAYMENT OPTIONS

\$60.00+GST included is paid by: Cash Cheque (payable to Camp Arnes) Credit card Agency

Name on Card: _____ Signature: _____ Date: _____

Card #: ____ / ____ / ____ Expiry: ____ / ____ / ____

- Credit Card payments will show up as "Lake Winnipeg Missions".

CVV: ____ / ____ / ____

REQUIRED SIGNATURE (by signing below you agree to ALL terms)

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 Arnes Code of Conduct. 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, **and that information is included on this registration.**
- 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, email 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 (i.e. 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 an 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. I have read and agree to the terms and conditions of enrolment.

Signature: _____

Print Name: _____

Date: _____