



2022 REGISTRATION FORM

Please complete **ONE** registration form
per camper per session.
PRINT CLEARLY

FOR OFFICE USE ONLY

Date rec'd _____
 Camper # _____ / _____
 Deposit only _____ Fully Paid _____
 Information Complete _____

CAMPER INFORMATION:

Last name: _____ First name: _____ Male Female

Date of Birth: (mm/dd/yy) _____ / _____ / _____ Age as of Dec 31, 2022: _____ yrs

Mailing Address: _____

City: _____ Postal Code: _____

Health Insurance Number (**REQUIRED**): _____

Cabin mate request: (**ONE** only please) _____

Every effort is made to honour cabin mate requests. There are however **NO** guarantees for placements.

Is this the camper's first time at Strawberry Point Christian Camp? Yes No

PARENT/GUARDIAN INFORMATION:

Name(s): _____

Home Phone #: _____ Work/Cell Phone #: _____

Email: _____

SESSION SELECTION:

Please indicate which session your child will be attending. **Complete ONE registration form per camper per session.**

SESSION	AGE as of Dec 31/22	SESSION DATES	CAMPER FEE	
Day Camp	6 - 12 years	July 11– July 15	\$180.00 + <input type="checkbox"/> \$20 for optional one night overnight	\$
Primary/Junior	7- 9 years	July 17 – July 22	\$275.00	\$
Junior/Senior	10-12 years	July 24 – July 29	\$275.00	\$
Family Week	All ages	July 31 – August 5	\$525.00***	\$
Leadership Week	12– 16 years	August 7– August 12	\$275.00	\$
				\$

* If more than one child from same immediate family is attending camp, take 10% off **TOTAL FEES**

** to reserve your child's spot in each session a \$50 (\$100 for family week) non-refundable deposit/session **MUST** accompany registration form

*** For up to 4 people. **Add \$50** for each additional person. Children 2 and under are free. Price will increase to \$600 after July 1st, 2022.

Please make cheques payable to **"Strawberry Point Christian Camp"**

TOTAL FEES	\$
* LESS family discount	\$
**LESS \$50(\$100) deposit/session	\$
TOTAL PAID	\$
BALANCE OWING	

Check here if you would you like an income tax receipt for camp fees

OVER PLEASE

**Please mail completed form and payment to: Strawberry Point Christian Camp,
c/o Joel Lock, 1132 The Tenth, RR 1, Gore Bay, ON P0P 1H0**

HEALTH INFORMATION (attach a separate sheet if needed):

Is the camper on any medication? Yes No List medication currently in use according to:

Drug name: _____

Dosage: _____

Reason: _____

Please note that ALL medication must be in its original container or original packaging and must be turned in to camp personnel on registration day.

Does your child have any allergies? Yes No

If yes, please explain: _____

Other concerns? _____

I give permission:

for my camper to be given Benadryl Liquid (or equivalent) in the event of a minor local reaction (eg redness, itchiness, swelling), as necessary.

for my camper to be given Tylenol/Ibuprofen (or equivalent) in the event of a minor ailment (eg headache) as necessary.

_____ Signature of Parent/Guardian

In the event of an emergency all attempts will be made to contact the parent/guardian prior to treatment if time allows.

Emergency Contact Information: (OTHER than parent/guardian)

1. Name: _____ Relation to Camper: _____

Phone Number: _____

2. Name: _____ Relation to Camper: _____

Phone Number: _____

CONDITIONS OF ENROLLMENT:

1. The Camp Manager/Session Director reserves the right to dismiss a camper who in his opinion is a hazard to the safety and rights of others. In such an event the camper will be sent home at parent/guardian's expense.
2. I grant permission for the camper to fully participate in all camp activities.
3. I will notify the camp in writing of any health, physical, developmental, cognitive, mental health, or any other difficulties that may affect the camper's full participation in the camp program and activities.
4. While every precaution is taken for the safety and good health of our campers, Strawberry Point Christian Camp, it's Board of Directors and all staff, are hereby released from any and all liability in the event of an illness, accident, misfortune or death that may occur to the camper.
5. Each camper must be covered by Provincial Health Insurance or appropriate medical insurance. In the event of emergency, every attempt will be made to contact the parents/guardians of the camper prior to treatment; however, this is not always possible. I hereby grant permission for the camp to seek medical attention and appropriate treatment as recommended by medical personnel as required in emergencies, prior to my notification.
6. **I WILL SEND A SIGNED NOTIFICATION TO THE CAMP IF ANOTHER INDIVIDUAL OTHER THAN MYSELF WILL BE PICKING UP MY CHILD AT DEPARTURE.**
7. I give permission for Strawberry Point Christian Camp to use any image or likeness of my child/camper for promotional material and/or records.
8. The \$50 registration deposit is non-refundable.

I have read, understand, and accept the conditions of enrolment as stated above. I have filled out this form completely and without error to the best of my knowledge.

Signature of Parent/Guardian _____

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