CAMPER REGISTRATION FORM 2019

One form per camper **AND** per session

Camper's Name: _____
LAST **First**

Male ☐ Female ☐ Birthdate: M _____ D _____ Y _____

Age of camper (as of June 30) _____ Grade **completed** as of June 30 _____

Have you attended Camps with Meaning **Summer Program** before? Yes ☐ No ☐

How did you hear about us: _____

CAMPER'S COMPLETE MAILING ADDRESS

_____
Street Address/Box No. Apt # (if applicable) City Postal Code

Caregiver #1 _____ Caregiver #2 _____

Phone #s: Day _____ Evening _____ Cell _____

Parent Email _____

Emergency Contact Person _____

Emergency Phone # _____ Camper is a Canadian citizen Yes ☐ No ☐

Church attended _____/_____
Name **Denomination**

Cabinmate request (**1 ONLY**). Campers must be in same grade or same age.

_____

*We will attempt to meet this request; however there are circumstances (e.g. "chain requests" which are an attempt to keep all friends together) where this is not always possible.

CAMP SESSION CHOICE (Circle Camp choice: A: Assiniboia; K: Koinonia)

Title _____ Camp: A K Dates _____
E.g. Junior, Specialty, Youth, etc.

CIRCLE BUS CHOICE (to Koinonia only)

WPG return	$60	WPG to Koinonia	$30	Koinonia to WPG	$30
Morden return	$40	Morden to Koinonia	$20	Koinonia to Morden	$20

IF APPLYING FOR THE CAMPERSHIP FUND, PLEASE GO TO SECTION B. DO NOT FILL OUT SECTION A OR SEND IN PAYMENT AT THIS TIME. WE WILL CONTACT YOU WITH YOUR ADJUSTED FEE.

SECTION A

FEES: Payment must accompany application payable to **MENNONITE CHURCH MANITOBA**
$20 charge on NSF cheques

Full Fee	_____
Less family discount	_____
Less early bird registration (If postmarked before March 29)	_____
plus bus fare	_____
SUBTOTAL	_____
GST (5%) (GST #R106967094)	_____
TOTAL ENCLOSED	_____

SECTION B

Total Household Income: __25,000 or less __25-40,000 __41-60,000
__61-80,000 __80-100,000 __100,000 or more

Number of campers attending from your household (family discount is built in to campership fund rates) : ____

CAMPER INFORMATION

Please check any of the following which apply. (Attach note, if necessary). My camper:

☐ Has allergies. Please list:
_____

☐ Has dietary concerns: Please list:
_____

☐ Has bed wetting problems
☐ Has ADD ☐ Has ADHD
☐ Takes Ritalin or other behavioural medication:
_____

☐ Has special physical, emotional, behavioural needs:
_____

☐ Has had contact with a social agency in the past 12 months _____

(If Applicable): Children's Agency contact person & Phone #
_____

Are there custody issues camp should be aware of? yes ☐ or no ☐ (Mail or email added info)

WAIVERS AND CONDITIONS OF ENROLMENT

1. The Camp Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety and rights of self and others, or who appears to have rejected the reasonable controls of camp. ***A parent or designate adult must be available during the week to pickup a dismissed child.***
2. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp.
3. While all reasonable precautions are taken for the safety and good health of our campers, *Mennonite Church Manitoba*, its directors and staff members are hereby released from any and all liability in the event of any illness, accident or misfortune that may occur to the applicant camper or his/her property. Each camper must be covered by Provincial health or equivalent medical insurance.
4. The signature of the parent/guardian on this application gives the Camp Director the right to arrange for any special services or other requirements necessary for the best interest of the camper and gives the Camp Director the right to approve and obtain medical attention necessary for the camper's welfare and good health including injection, anesthesia or surgery. In such situations, the camp will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.
5. The parents/guardians submitting this application give their permission for any photography, videos or other pictures of the applicant camper to be used in camp promotional material and brochures without any financial compensation or additional consent. NOTE: If you do not wish to grant permission, please contact the office.
6. If you or your child prefer not to receive promotional email messages from us please contact the camp office at 204-895-2267 or email: camps@mennochurch.mb.ca.

I have read, understood and hereby agree with the waivers and conditions. [Before you sign, to avoid delay, please "double check" that entire registration is complete. This will save needless delay and ensure your camper's choice to get the dates requested. Thank you.]

_____
Signature of Parent/Guardian Date