



2017 Camp Elim Summer Camp Application

Camper Information:

Camper Name: _____

Gender: M _____ F _____

Birthday (DD/MM/YY): _____

Grade completed as of July 1st: _____

Home Church _____

Have you attended camp before? _____ Which one? _____

Parent/Guardian #1: _____

Phone Number(s) _____

Parent/Guardian #2: _____

Phone Number(s) _____

Address: _____

City/Town: _____ Postal Code: _____

Email Address: _____

Emergency contact: _____

Phone Number(s) _____

Relationship to camper: _____

Health Information:

Health Card #: _____

Family Doctor & Phone Number: _____

Currently taking medication? Y _____ N _____

Taking medication while at camp? Y _____ N _____

Explain with detail: _____

Dietary Needs/Food Allergies? Y _____ N _____

Explain with detail: _____

Other Allergies? Y _____ N _____

Explain with detail: _____

Other specific medical, physical, emotional, or behavioural conditions?

Other comments? _____

Registration Information:

1st Camp Choice & Dates: _____

2nd Camp Choice & Dates: _____

Cabin Mate Request? _____

Do you require financial assistance from the camp? Y _____ N _____

(If so, someone from the camp will get in touch with you).

What amount would be helpful for you? _____

Are you receiving Campership or Sponsorship from another organization (i.e., church, social services)? Y _____ N _____

Organization/Church Name: _____

Contact Person: _____

Phone #: _____ Amount: _____

Full Camp Fees: \$ _____

(non-refundable \$50 deposit is included in the above amount)

Registering (with full payment) before May 1? Y _____ N _____

(If yes, subtract \$30 from the camp fees!)

Total enclosed: \$ _____

For Administrative Use Only

Date: _____

Amount Received: \$ _____

Amount Owing: \$ _____

Parental/Guardian Authorization

I hereby give consent for my child to participate in all camp programs and activities unless I advise you in writing. To the best of my knowledge, my child is in good health and is physically able to participate in all activities with the exception(s) as previously indicated. I will notify the camp if my child is exposed to any infectious diseases. I agree that the camp, its officers, servants, or assigns, having taken reasonable precautions, shall not be responsible for any accident or sickness involving my child. I hereby give my permission for the camp to seek medical treatment for this child, while attending camp. I also authorize staff to administer first aid to this child, or transport this child to a medical facility, if need arises. I understand that every effort will be made to contact a parent/guardian in the case of emergency. Any information contained in this application form will only be used for the summer camp program.

I give permission for Mennonite Church Saskatchewan Camps to use any photography and/or video my child is in for promotional materials.

Date: _____ **Signature:** _____

Send completed application to:

Camp Elim

c/o 78-6th Ave. NE

Swift Current, SK S9H 2L7