



# 2019 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**