SILVER BIRCHES KIDS' CAMP 2018

REGISTRATION WILL NOT BE ACCEPTED WITHOUT FULL PAYMENT. SUBMIT APPLICATION ALONG WITH A CHECK OR MONEY ORDER MADE PAYABLE TO IROQUOIS FALLS PENTECOSTAL CHURCH
MEMO: KIDS' CAMP AND MAIL TO :

PASTOR DAVID BYSTERVELD
140 PICADILLY CIRCLE, BOX 574
IROQUOIS FALLS, ONTARIO
P0K 1E0

Registration Form

(Please printclearlyand completeallsections - oneregistration form per child)

Camper's name ____________________
Camper's Birthdate ____________ ☐M ☐F
Camper's Address ____________________

E-mail(Forconfirmationletter) ____________________
Parent/Guardian'sname ____________________
Home #( ) ____ ________ Cell#( ) ____ ________
Work # ( ) ____ ________
ChoiceofRoommate(1 other)person)

Pleasenote:Roommatechangeswillnotbemadeon registration day.

EmergencyContactPerson

Name ____________________
Relationship ____________________
Phone ____________________

EARLYBIRD RATE - BEFORE JUNE 15

$185
(COMES WITH A $10 TUCK CARD)

REGULAR RATE

$200

3 OR MORE SIBLINGS
$10/CHILD DISCOUNT

MedicalInformation

Pleasecheckallthatapply

☐Asthma ☐ Epilepsy ☐ Diabetes ☐ Allergies
☐Bee Sting/ Peanut ☐Medication Allergies ☐ Bed Wetting
If other, please give details ____________________

Will your child require medication at camp? Yes No ☐ ☐
If yes, details ____________________

Does your child have any emotional/physical or learning challenges? ☐ Yes No ☐
If yes, please give details, and will these conditions require medication? ____________________

Has your child received a tetanus shot within the last 5 years?
☐Yes ☐No ☐ I don't know
Can your child be given Tylenol? ☐Yes ☐ No
Does your child have any special diet needs? ☐Yes ☐No
explain ____________________
Any other comments ____________________

Health Card # ____________ Version Code ______
Doctor's Name ____________________
Telephone # ____________________

FOR THE HEALTH AND WELFARE OF EVERY ONE AT CAMP, PLEASE REMEMBER TO CHECK YOUR CHILD(REN'S) HEAD FOR LICE.

ANYONE ARRIVING WITH HEAD LICE WILL BE SENT HOME WITH YOU.

I UNDERSTAND THAT WHILE EVERY PRECAUTION SHALL BE TAKEN TO ENSURE THE GOOD WELFARE AND PROTECTION OF EACH CAMPER, SILVER BIRCHES, ITS DIRECTORS, STAFF MEMBERS AND COUNSELORS ARE RELEASED FROM ANY LIABILITY IN THE EVENT OF A MEDICAL EMERGENCY. I UNDER STAND THAT EVERY EFFORT WILL BE MADE TO CONTACT PARENTS/GUARDIANS. IN THE EVENT I CAN NOT BE REACHED OR TO CONTACT ME WOULD MEAN A SIGNIFICANT DELAY FOR REQUIRED MEDICAL TREATMENT, I GIVE PERMISSION TO THE STAFF, TO SECURE THE SERVICES OF A LICENCED PHYSICIAN TO PROVIDE THE CARE NECESSARY, INCLUDING ANY ANAESTHETICS OR SURGERY, FOR MY CHILD'S WELL BEING. IN THE EVENT THAT MY CHILD SHOULD REQUIRE BASIC MEDICAL TREATMENT (I.E. SORE THROAT, RASH, EARACHE) I GIVE PERMISSION TO THE STAFF TO SECURE PROPER TREATEMENT.

PARENT OR GUARDIAN'S NAME ____________________

PARENT OR GUARDIAN'S SIGNATURE ____________________