

# Family Camp Registration Form 2012

Complete and return to: Silver Lake Mennonite Camp,  
R.R.#1, Hepworth, ON N0H 1P0 519.422.1401

Friday July 27 — Sunday July 29, 2012

Primary Family Contact \_\_\_\_\_

Preferred Name \_\_\_\_\_ M  F  Birthday (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

\*\*Email \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ask for \_\_\_\_\_

Cell / Other ( \_\_\_\_\_ ) \_\_\_\_\_ Ask for \_\_\_\_\_

Church Attending \_\_\_\_\_

Others Family Members Attending Family Camp (must be immediate Family)

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ M F  
Relationship to Primary Family Contact \_\_\_\_\_ Is Primary Contact Legal Guardian Y N  
Birthday (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Health Card Number \_\_\_\_\_

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ M F  
Relationship to Primary Family Contact \_\_\_\_\_ Is Primary Contact Legal Guardian Y N  
Birthday (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Health Card Number \_\_\_\_\_

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Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ M F  
Relationship to Primary Family Contact \_\_\_\_\_ Is Primary Contact Legal Guardian Y N  
Birthday (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Health Card Number \_\_\_\_\_

Emergency Contact (NOT PARENT?/GUARDIAN) (this person would only be contacted if, in the event of an emergency, one of the above is not available.)

Name \_\_\_\_\_ Relation to Family \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## Calculating Your Fees

1. Applicable fee (\$800 for private cabin, \$300 shared, \$250 tenting space)

\* Name of Family you wish to share cabin with \_\_\_\_\_

\* To maximize space, Silver Lake will adjust shared cabin arrangements if necessary

2. Total fees to be attached.

3. OPTIONAL - I'd like to contribute to the Campership Fund (for children who cannot afford full fees for summer program)

4. TOTAL \$

## Making Your Payment(s)

Please send application form and cheque for full amount to the camp office;

RR1 Hepworth ON N0H 1P0

- A Confirmation Package will be emailed within 2 weeks of registration, please provide up-to-date email address
- Registration is based on first come, first serve and is based on when application is received at camp office (post mark date)

## Dietary and Medical Information

Please list dietary restrictions (vegetarian, celiac etc) and medical conditions (allergies etc) below;

NOTE: please bring all necessary dietary supplements and medications.

## Conditions and Waiver

1. The parent(s) or guardian(s) submitting this registration is/are those having legal custody over the named campers. Signature on the registration form signifies that both parents/guardians are in agreement with the conditions of enrollment. Conditions of custody, if applicable, will be fully communicated in writing to the Camp, including a **photocopy of the section of any court order referring to visitation rights.**

2. The Camp Director reserves the right to dismiss a camper(s) who is in his/her opinion a hazard to the safety and rights of others, or who appears to him/her to have rejected the reasonable controls of the camp. No refund will be made for dismissal due to disciplinary action, late arrival, or early departure including homesickness. In the case of withdrawal from camp on physician's order, a gift certificate will be provided for the equivalent of the unused portion of the camp term.

3. While every precaution shall be taken to ensure the good welfare and protection of the camper(s), Silver Lake Mennonite Camp, its Directors, staff members, employees, or facilities outside of the camp grounds are hereby released from any liability in the event of any accident or misfortune that may occur to the applicant. Each Camper must be covered by Provincial Health Insurance or equivalent medical insurance.

4. In the event that a camper requires special medical, x-ray or treatment beyond that which is available at Camp, the signature of parents/guardians on this registration shall give the Camp Director and/or the nurse/medic the right to arrange for any special services and/or medical attention necessary for the camper's welfare and good health. In such a situation, the Camp will attempt to notify the parents/guardians as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.

5. Parents/guardians agree to permit reasonable use of photos and videos or other pictures of the applicant camper in promoting the Camp or its activities and programs.

6. I have read both sides of this registration form and I accept the conditions of enrollment as outlined above by my signature herein.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date