



## 2009 Cultus Lake United Church Camp Registration

### MAIL REGISTRATIONS TO:

Camp Registrar, c/o 1720 Lindell Avenue, Lindell Beach, B.C., V2R 4W6

**INFORMATION:** www3.telus.net/clucc • E-mail: registrar.clucc@telus.net • Registrar Phone: 604-858-6033

CAMP SESSION	AGES	DATES	DROP OFF	PICK UP	COST (GST incl.)
Junior 1	7 – 9	July 12 – 17	4 P.M.	11 A.M.	\$275.00
Junior 2	10 – 12	July 19 – 24	4 P.M.	11 A.M.	\$275.00
Teen Camp	13 – 18	July 26 – July 31	4 P.M.	11 A.M.	\$285.00
Family Camp (Children must be accompanied by an adult)	All ages Welcome!	August 3 – 7 Monday – Friday Includes food and programs	Arrive: 12:00 P.M.	Leave: 12:00 P.M. Ages 6 & under Adults & Kids 7+	Free \$175.00

- Please check this box if your child would like to participate in the overnight out-trip during Junior 2 or Teen Week. Space is limited and participation will be on a first-registered basis. You will be notified if your child will be participating.

**Registration closes: June 19, 2009.** Register early to ensure your spot! Receipt of payment confirms your registration. Payment in full must be made (sorry no post dated cheques) by enclosing a cheque or money order with your completed registration and mailing it to the Camp Registrar at the address above.

### SECTION I – Junior & Teen Camps Only (Family Camp has a separate Registration Form)

Camper's Name: \_\_\_\_\_ Male  Female  Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade completed as of June 2008: \_\_\_\_\_

Parent(s) or Guardian(s)' Name(s): \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (Relationship to Camper) \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Camp Session Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Family discount** on second child in immediate family will be \$10.00; third and subsequent child will be \$20.00 each.

One complimentary camp t-shirt will be available for each camper upon arrival at camp.

**Please indicate child's t-shirt size:** Small  Medium  Large  Adult Sm.  Adult Med.  Adult Lg.

Has your child been to Cultus Lake United Church Camp before? Yes  No

If your child would like to bunk with one special friend, please write down the name of the friend: \_\_\_\_\_

*Our Camp Director will make every effort to accommodate your wishes.*

#### PRIVACY MATTERS:

- Due to the National Privacy Legislation, there may be some additional forms that need to be completed when campers check-in. Please allow enough time for this.
- Photos of our campers are often used in various camp publications, including our website, newsletter, and brochures. If you prefer that your child's photo is **not published**, please sign here: \_\_\_\_\_

**Camp Location: 1720 Lindell Avenue, Lindell Beach, B.C., V2R 4W6**

**Phone: 604-858-6033**

Do you need directions to find Cultus Lake United Church Camp? Yes  No

## SECTION II

Swimming ability (if lessons taken, indicate level achieved): \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

If child is to be picked up by someone other than parent, guardian or emergency contact person named above, please provide the name of this person so that the camp staff can ensure your child goes home only with someone designated by you.

Name(s): \_\_\_\_\_ Male  Female

Please note: Children will not be released to anyone not listed on this registration sheet unless prior arrangements have been made with camp staff. Please be prepared to show photo identification to pick up your camper.

## SECTION III

### PARENT/GUARDIAN CONSENT

I agree that the child named on this application will follow all reasonable instructions and directions of the leaders duly appointed by the Cultus Lake United Church Camp Board.

I hereby release, remise and forever discharge Cultus Lake United Church Camp Board, its agents or volunteers, of and from all manner of actions, cause of actions, claims, and demands of whatever nature which result from injury, loss, or expense sustained, arising out of or in any way connected with participation in any program operated by the Cultus Lake United Church Camp Board.

In the event that the child named on this application is injured, ill or in need of medical attention and I am unable to be contacted, I authorize Cultus Lake United Church Camp staff to secure such medical, surgical, or legal advice and service as may be deemed necessary for the health, welfare and safety of this child, and I agree to accept financial responsibility for all services or goods not covered as a benefit under my provincial health care insurance. In the event my child/ward does not have provincial health care insurance, I will assume financial responsibility for all such charges incurred while at camp where:

1. The health, welfare, physical, and/or emotional well being of the camper is involved;
2. Medical advice has been such that further medical attention is needed which requires the consent of a parent or guardian;
3. All attempts to contact the parent, guardian, and emergency contact person have failed, or where there is insufficient time due to an urgent situation to contact parent or guardian.

It shall be at the discretion of the Camp Director of Cultus Lake United Church Camp as to what steps and measures must be taken for the safety and welfare of the camper named on this form. Action taken on all health related issues shall be at the discretion of the camp Nurse/First Aid attendant in cooperation with the Camp Director.

Should emergency services be required, I hereby authorize emergency personnel (paramedics, nurses, physicians, etc.) to render necessary emergency care/treatment if I am unable to be reached or in the event of a life threatening emergency. I understand that I will be required to complete official hospital consent forms as soon as is reasonably possible.

I hereby authorize the camp nurse OR first-aid person to administer nonprescription medications as required (ie.: tylenol, antihistamines). I agree to inform camp staff prior to the arrival of the child named on this application at camp if s/he has been exposed to any communicable disease in the five weeks before the start of the camp s/he is registered to attend. I understand that exposure to some communicable diseases may mean the child named on this application must withdraw his/her registration.

I authorize Cultus Lake United Church Camp Board to use any photographs of the child named on this application taken while s/he is participating in Cultus Lake United Church Camp programs for camp brochures and promotional materials.

I give permission for Cultus Lake United Church Camp to use the information I provide to ensure a positive camping experience for my child. Unless I contact the camp directly or indicate otherwise on the line below, I give permission for Cultus Lake United Church Camp to send me camping information in the future. I understand that Cultus Lake United Church Camp will not give my information to third parties (unless with my permission or required by law) and that I can at any time call the Camp office and ask to be removed from the Camp mailing list.

I am aware of and agree that the child named on this application will comply with the camp rules regarding no alcohol, no drugs, no violence, and no sex at camp.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ *I do not wish to be on the mailing list*

### FEE PAYMENT INFORMATION

Camp fee is due in full at time of registration. A confirmation sheet verifying your child's camp dates will be forwarded with your receipt once your registration has been processed.

**Cancellation policy:** Campers who are unable to attend a session for any reason will receive a refund, less a \$50.00 camp administration fee, provided that a written request is received by the Camp Registrar eight (8) days prior to the start of camp. No refunds will be issued if the cancellation is less than eight (8) days prior to the start of camp.