

# SUMMER CAMPS 2017 REGISTRATION FORM

ALL INFORMATION MUST BE COMPLETED & SIGNED BEFORE YOUR CHILD WILL BE CONSIDERED REGISTERED.

**CAMPS REGISTERING FOR:** *Please check all that apply*

☐ **SONSATIONAL DAYCAMP**

☐ **CAMP LEAD**

☐ **VBS**

☐ **CAMP ROKHAWAH**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ ☐ Male ☐ Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_  
M D Y

Child's Address: \_\_\_\_\_  
Street City Postal Code

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Name Name

Best Contact emails: \_\_\_\_\_

Additional Contact Phone Numbers: \_\_\_\_\_

## ADDITIONAL INFORMATION

Tax receipt to be issued in name of: \_\_\_\_\_  
Print Name

Is there a friend in the same age group that your child would like to be in a group with (when activities permit)?

If YES, Name of friend \_\_\_\_\_

Can your child swim? ☐ Yes ☐ No

If there are life jackets available at our swimming locations, would you like your child to wear a life jacket for the whole swimming time? ☐ Yes ☐ No

*Please note that we cannot guarantee the availability of life jackets at every swimming location. You may send a labeled life jacket with your child's name on it*

Do you attend Bramalea Baptist Church? ☐ Yes ☐ No

If no, how did you find out about our Summer Camps? \_\_\_\_\_

In the event I cannot be reached in an emergency, I/We the parents or guardians named above hereby give my permission to the medical personnel selected by the Bramalea Baptist Ministry staff to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anaesthesia.

I/We, named above, undertake and agree to indemnify and hold blameless Bramalea Baptist Church, its Pastors and Board of Directors from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Bramalea Baptist Church. This consent and authorization is effective only when participating in or traveling to/from events of the Bramalea Baptist Church.

I/ We understand that electronic devices are not allowed during camp hours. However pictures may be taken at designated times and events by participants. Photos or videos taken for camp purpose will never be published with names (unless parental permission is obtained), cell phones may be signed in to Camp leadership for emergency purposes.

I/ We understand that the information being collected may be used for mail and electronic communication purposes ONLY by Bramalea Baptist Church. Information will never be given to a third-party.

I/We understand that the Camp Director reserves the right to dismiss a camper, who in his/her opinion, is a hazard to the safety or rights of others, who refuses to participate in the designed program, or who appears to have rejected the reasonable expectations of the camp. The Camp also reserves the right to send home a camper who has a known communicable disease or infection that may be passed on to other children or staff. Refund of camp fees will not be provided for campers expelled due to disciplinary action or who leaves the church property without approval by church staff.

I have read the camp information and registration form, I have provided true and accurate information, and by signing below, I accept all the above terms and agreements and will pay all amounts owing for registered services to Bramalea Baptist Church.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL INFORMATION

*(bolded parts must be answered for all camps/ vbs - for Camp Rokhawah all parts need to be filled out)*

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

OHIP Health Card #: \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs.

Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Immunization Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Immunization details: \_\_\_\_\_  
D M Y D M Y

1. Are there any health issues, emotional or behavioural conditions we should be aware of? If yes, please explain:

\_\_\_\_\_

2. Does the camper have any allergies (including drugs and food)? If yes, please explain:

\_\_\_\_\_

⇒ 2a. If yes to allergies, do parents agree to provide an epi-pen to be packed with the camper? Yes ☐ No ☐

⇒ 2b. List special health-related diet requests:

\_\_\_\_\_

3. Is the camper currently receiving medication of any kind? If yes, please list medications and explanations:

\_\_\_\_\_

4. In your opinion, is the camper physically & emotionally fit to actively participate in rigorous camp life? ☐ Yes ☐ No

5. Name of family doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

6. Are there any restraining orders or custody situations we should be aware of? If yes, please provide details:

\_\_\_\_\_

*The camp provides first aid on the camp grounds during the camp session.  
The parent or guardian is responsible to provide adequate medical coverage for the camper.*

## CAMPER CONDUCT AGREEMENT - Please read with your child.

I agree that it is a privilege to attend camp. To honour that privilege, I will abide by the guidelines set by Bramalea Baptist Church camp staff concerning my attitude, my participation in activities, respect towards camp leadership, respect for my coaches, respect towards fellow campers, and respect for camp property. I realize that my failure to be co-operative in these and other areas could result in my being dismissed from camp. I understand that at camp we will not be allowed to have or use our electronics (including cell phones). The cost to repair any damage to the camp property will be paid by my parent or legal guardian. I promise to do my best so that I can have an amazing summer.

This registration form will **NOT** be accepted as completed without the parent or legal guardian's signature.

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any concerns regarding this agreement, please contact the Camp Director.*

### Purpose and Extent

Bramalea Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Bramalea Baptist Church to limit the information collected, or to view your child's information, please contact us.

9050 Dixie Road, Brampton, ON L6S 1J3

Phone: 905.451.6088

 **Bramalea**  
BAPTIST CHURCH

**PRICES/ PAYMENT FOR SUMMER CAMPS 2017 Childs Name: \_\_\_\_\_**

**DEADLINE for payments:** balance of funds are due by the first day of each week of camp.

Regular camp hours are 9:00 a.m. — 4:15 p.m. with a 30 minute grace period on either side.

Sonsational Daycamp's extended care is an additional \$15/week which extend camp hours from 7:30 a.m. — 5:45 p.m.

A \$25 (Sonsational) or \$75 (Rokhawah) non-refundable deposit (included in camp fee total) is required per child per week of camp to hold your spot. Deposit payments are due with registration.

**Deadline for EARLY BIRD discount June 1, 2017**

**Sign-up for ALL 4 weeks of Sonsational Day Camp or Camp Lead and receive \$25 off of Camp Rokhawah**

**Free Bonus T-Shirt for all who register for Sonsational/ Camp LEAD by June 1, 2017**

Early Bonus T-SHIRT SIZE: Youth: XS S M L XL Adult: S M L XL

**SONSATIONAL: Students Currently in JK - Grade 5** (please circle choices):

		<b>Regular Rates</b>	<b>Early Bird Special (Jun 1)</b>	<b>Extended Care</b>
<b>WEEK 1:</b>	July 10 - July 14:	\$125	\$100	\$15
<b>WEEK 2:</b>	July 17 - July 21:	\$125	\$100	\$15
<b>WEEK 3:</b>	July 24 - July 28:	\$125	\$100	\$15
<b>WEEK 4:</b>	July 31 - August 4:	\$125	\$100	\$15

**CAMP LEAD: 16 spots/wk Students Currently in Grades 5 & 6** (please circle choices):

		<b>Regular Rates</b>	<b>Early Bird Special (Jun 1)</b>	<b>Extended Care</b>
<b>WEEK 1:</b>	July 10 - July 14:	\$125	\$100	\$15
<b>WEEK 2:</b>	July 17 - July 21:	\$125	\$100	\$15
<b>WEEK 3:</b>	July 24 - July 28:	\$125	\$100	\$15
<b>WEEK 4:</b>	July 31 - August 4:	\$125	\$100	\$15

**VBS: Students Currently in JK - Grade 5**

**1 WEEK:** Tuesday July 4- Friday July 7 \$10

**CAMP ROKHAWAH: Students Currently in Grades 1 - 6**

		<b>Regular Rate</b>	<b>Early Bird Special (Jun 1)</b>	<b>4 weeks Camp Discount</b>
<b>1 WEEK:</b>	August 20 - 25	\$375	\$325 or \$300 (sibling)	- \$25
<b>Rokhawah T-SHIRT SIZE:</b> Youth: S M L XL Adult: S M L XL				

**TOTAL AMOUNT DUE FOR ALL CHOICES:** \_\_\_\_\_

For Credit card payments please fill in below (if deposit box is not checked full amount will be charged to credit card)

Visa ☐ MC ☐ Deposit ONLY ☐

Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

I hereby authorize the above deposit and / or balance to be processed with the credit card number provided:

Name of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT NAME

Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Payment made by: ☐ Cash ☐ Cheque made payable to: Bramalea Baptist Church ☐ Debit available in church office only

Notes for amounts paid/ payment schedules (including Credit cards):

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