

PINE RIDGE BIBLE CAMP

Camper Registration Form for the year 2010

Please register one camper (Junior/Teen) or one family (Family Camp) per form. Be sure to pre-register at least two weeks in advance as there is only room for a limited number of campers per week. All campers will be accepted on a first-come, first-serve basis.

Name: (First)_____ (Last)_____

_____ Male _____ Female / Birth date: _____

Address: _____ Town: _____

Province: _____ Postal Code: _____

Phone: (Home)_____ Phone: (Work)_____

E-mail: (optional) _____

Band Name:_____

Treaty Number: _____

Camper wishes to come for:

_____ Week 1: July 4-9 (8-12 years)

_____ Week 2: July 11-16 (8-12 years)

_____ Week 3: July 18-23 (8-12 years)

_____ Week 4: July 25-30 (8-12 years)

_____ Teen Camp: Aug. 1-6 (13-17 years)

Family Camp Only: Number of people in family attending _____

Camp Fees:

\$ 90.00 -- Registration Fee (8-12 years)

\$ 100.00 -- Registration Fee for Teen Camp (13-17 years)

\$ _____ -- Registration Fee for Family Camp

(Adults \$40; Teens \$25; Children \$25; Under 5 free)

\$ _____ -- Total Fees enclosed

(Registration Form continued on next page)

Medical Information:

Sask. Health Card No. _____

List any allergies of the camper(s): _____

List any medications being used by the camper(s): _____

Are the tetanus injections up-to-date for the camper(s)? Yes ___ No ___

Describe any health problems, handicaps or illnesses that staff should be aware of:

If we cannot reach you in case of an emergency, who should we call?

Name _____ Phone _____

I promise to obey all camp rules.

(Camper should sign here ... must be signed for camper to be registered)

Parent/Guardian Consent:

By signing, I approve of my child's/family's attendance and involvement in the program at Pine Ridge Bible Camp. I understand that NCEM reserves the right to use photos taken of my child/family at this Camp in promotional material. I release the Camp from all blame for any illness or injury to my child/family while at camp. I understand that in case of a medical emergency every reasonable effort will be made to contact me. If I cannot be reached, I give permission to the physician selected by the Camp staff to provide treatment for my child/family.

Signed _____

Name of Parent/Guardian (please print) _____

(Must be signed for Camper/Family to be registered)