



Simonhouse Bible Camp Registration & Medical Form 2018

This form cannot be processed unless fully completed and the minimum deposit is received. Please print clearly.

1. CAMPER INFORMATION

Last Name: _____ First Name: _____ Gender: Male Female
Mailing Address: _____ City: _____ Prov. _____ Postal Code: _____
Home Phone: (____) _____ Email: _____ Date of Birth (m/d/y): _____
Age (as of July 1): _____ Grade next Fall: _____ Have you attended Simonhouse before? No Yes

Friend Request: (both campers **must request each other** and be of the **same age and same gender** – max 2 names)

1) _____ 2) _____

Note: We will do our best to try to put you with at least one of your requests; however we do not guarantee it.

2. (FOSTER) PARENT/GUARDIAN INFORMATION (confirmation emails will be sent to the emails (*) below or mailed to address above)

*(Foster) Father's/Guardian's Name (living at the same address as above): _____

Work Phone: (____) _____ Cell Phone: (____) _____ *Email: _____

*(Foster) Mother's/Guardian's Name (living at the same address as above): _____

Work Phone: (____) _____ Cell Phone: (____) _____ *Email: _____

If parents are divorced or legally separated, who has legal custody? _____

Other custodial parents' Name: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____ Email: _____

If the child is in Foster Care, the following information MUST be provided:

Agency Name: _____ Social Worker's Name: _____ Phone: (____) _____

Social Worker's Email: _____ Emerg. On-Call Phone: (____) _____ Agency Fax: (____) _____

Carpool Information - In addition to the household (*) parents/guardians listed above, only the following will be allowed to pick up your child:

1. _____ 2. _____ 3. _____

WAIVERS & CONDITIONS OF ENROLLMENT

- The acting camp Director reserves the right to dismiss a camper who, in his/her opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp. If this occurs, the fee is non-refundable. Possession of and or use of tobacco products, recreational drugs, and alcohol are strictly prohibited and grounds for dismissal.
- The parents or guardians submitting this application are those having legal custody of the child. 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.
- While every precaution is taken for the safety and good health of our campers, Simonhouse Camp Inc., its employees, directors and representatives (on whose behalf this agreement is made), are hereby released from any liability arising from illness, injury, loss or damage that may occur to the camper or campers' property.
- The camper is covered by Provincial Health or equivalent medical insurance, and that information is included on this registration.
- I give consent for the acting camp Director to arrange for any special services or medical attention necessary for the camper's welfare and good health including injection, anesthesia or surgery. In such a situation the camp will attempt to notify the parent or guardian as soon as possible. The parents or guardians are responsible for any additional expenses that may result from such services.
- I give consent for the First-Aid/Nursing staff to administer the use of any non-prescription drugs to the camper and relevant emergency treatment such as CPR, epi-pen, and medication given to the First-Aid/Nursing staff upon instruction of the parent/guardian.
- All prescribed medication must be sent in the **ORIGINAL PRESCRIPTION BOTTLE** (please send sufficient supply with a few extra). If the medication is not in the original bottle or the label is not legible IT WILL NOT BE ADMINISTERED. Any over-the-counter medication must be in the **ORIGINAL PACKAGE** and be accompanied by parent instructions.
- I give consent for Simonhouse Bible Camp to use pictures, videos, and/or quotes of the camper for promotional purposes.
- I agree that these Waivers & Conditions of Enrollment may not be altered or changed and any changes made will not be binding.
- I affirm that the information given on this Registration & Medical Form is correct and accurate to the best of my knowledge. I have carefully read and agree to the Waivers & Conditions of Enrollment.

****Parent/Guardian Signature:** _____ **Print Name:** _____ **Date:** _____

****OVER PLEASE TO COMPLETE SIDE 2** 

OFFICE USE ONLY

Date Deposit Rcvd: _____ Deposit Amount: _____

Receipt # _____ Balance O/S _____

Date Balance Rcvd: _____ Deposit Amount: _____

Receipt # _____ Balance O/S _____

Credit Card Transaction #/Comments: _____

MAIL COMPLETED FORM & DEPOSIT TO:

**Simonhouse Bible Camp,
206 – 35 Main St.
Flin Flon, MB R8A 1J7**

Phone: 204-687-3340

Fax: 1-800-282-1726

3. MEDICAL INFORMATION

This camp maintains a high standard of operation. However, in case of emergency, accident, or injury immediate steps will be taken to secure the needed medical attention. Parents will be notified. **Please list one other person who could be contacted if parents cannot be reached.**

Emergency Contact Name: _____ Relationship of contact person to camper: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Manitoba Health Registration # (6 digit number): _____ Personal Health ID #: _____

Other Provincial Health Number (if not Manitoba): _____ Province: _____

Is the camper subject to: Asthma Diabetes Fainting Tonsillitis Convulsions Bedwetting Other: _____

Is the camper allergic or sensitive to: Penicillin Other Drugs Certain Foods Bee Stings

Please explain what happens when exposed: _____

Are there any reasons for restricting the camper's activity at camp? No Yes

If yes, please explain: _____

Has the camper been hospitalized or had a communicable disease within the past six months? No Yes

If yes, please explain: _____

Does the camper have any **PHYSICAL, EMOTIONAL, or BEHAVIOURAL CONCERNS** that may require special attention at camp? If yes, please explain: _____

Does your child use a worker at school? No Yes

Will your child be on any prescription medications? No Yes If yes, please list the NAME, DOSAGE, and TIME it is administered on an additional sheet. _____

Medication Policy: All prescribed medication must be sent in the **ORIGINAL PRESCRIPTION BOTTLE (bubble packs work the best - please send sufficient supply with a few extra)**. If the medication is not in the original bottle or the label is not legible IT WILL NOT BE ADMINISTERED. Any over-the-counter medication must be in the **ORIGINAL PACKAGE** and be accompanied by parent instructions.

4. CAMP SESSION & PAYMENT INFORMATION

Please check off the camp(s) you are registering for. For *Junior High & Junior Camps*, please state choice (1st, 2nd)

Summer Programs					General Registration Information	
	Age as of July 1		By Apr 30	After Apr 30		
Senior High	Ages 14-17	July 8-13	\$232*	\$258*	<input type="checkbox"/>	
Junior High 1	Ages 11-13	July 15-20	\$225*	\$250*	<input type="checkbox"/>	
Junior High 2	Ages 11-13	July 22-27	\$225*	\$250*	<input type="checkbox"/>	
Junior 1	Ages 8-10	Jul 29-Aug 3	\$217*	\$241*	<input type="checkbox"/>	
Junior 2	Ages 8-10	Aug 5-10	\$217*	\$241*	<input type="checkbox"/>	
Mini-Mee	Ages 6-8	Aug 12-14	\$68*	\$76*	<input type="checkbox"/>	
Youth Retreats						
Fall Retreat**	Ages 11-17	Sept. 7-9	\$84*	<input type="checkbox"/>		
**Please register by Sept 1 For Youth Retreat, please pay full amount when you register, no discounts apply.						
Payment Method						
<input type="checkbox"/> Cheque/Money Order -> full OR w/ deposit & post-dated cheque <input type="checkbox"/> Cash <input type="checkbox"/> Sunshine Fund (SF) -> spot will be held no later than two (2) weeks prior to the start of camp, awaiting SF confirmation. Parents/guardians responsible for costs not covered by SF (Tuck, etc). <input type="checkbox"/> Waitlist -> No payment required on the waitlist. <input type="checkbox"/> Credit Card – check one: <input type="checkbox"/> <input type="checkbox"/> Total: \$ _____ Cardholder Name: _____ (Lines 3+5) Cardholder Signature: _____						
Card # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Exp: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> CVD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
M M Y Y (3 numbers on back)						
Discounts						
1. To register and pay by cheques/money order , please pay in full OR enclose one currently dated cheque for the deposit amount (full or min \$50, \$15 for Mini-Mee) and optional donation (line 6). Include a second post-dated cheque, dated no later than two (2) weeks prior to the first day of your camp for the balance (line 7) 2. If you are paying by credit card , the total camp fee will be charged upon receiving this registration. Credit Card registrations can be faxed in to 1-800-282-1726. 3. Our Cancellation/Refund Policy can be viewed at www.simonhouse.ca or call 204-687-3340. 4. *All fees listed are in Canadian funds and include GST						
Payment						
Camp Fee (Early Bird or Regular)					\$	1
Sibling Discount (excluding Mini-Mee and Retreats)					- \$	2
Total Fee Owning (lines 1-2)					= \$	3
Deposit Enclosed min \$50 (\$15 for Mini-Mee)					\$	4
Optional Donation (tax-deductible)					+\$	5
Total Enclosed w/Registration (lines 4+5)					= \$	6
Balance Due 2 weeks prior to camp (lines 3-4)						7