

CAMPFIRE MINISTRIES

CAMP BOB REGISTRATION FORM 2012

(one applicant per form - make duplicates as needed)

FOR OFFICE USE ONLY

Date Recv'd. _____
 Initials _____
 Paid by Cash _____
 Paid by Cheque _____
 Cheque Date _____
 Medical Complete _____

Name: _____ Male Female

Age: _____ (as of Camp start date) Date of Birth: _____

Mailing Address: _____

Parents / Guardian's Names: _____ E-mail: _____

Home Phone #'s _____ Work Phone #'s _____

Please write 1 or 2 to indicate first or second choice if camp dates are flexible.

_____	July 1 - 6	ages 9 - 11	\$235. ⁰⁰
_____	July 8 - 13	ages 11 - 13	\$235. ⁰⁰
_____	July 15 - 20	ages 9 - 11	\$235. ⁰⁰
_____	July 22 - 27	ages 11 - 13	\$235. ⁰⁰
_____	Aug 7 - 10	ages 7 & 8	\$190. ⁰⁰ (4 days / 3 nights)
_____	Aug 12 - 17	ages 14 - 17	\$235. ⁰⁰

FEE CALCULATION	
Camp Fees:	_____
T-Shirt x \$20 (must order before June 1 st)	_____
Size - Child Sm <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Adult Sm <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>	
CD Pictures of your week at camp (must be prepaid) x \$10	_____
Donation	_____
TOTAL	_____

Parents please note: Children whose birthdays are between summer and the end of the year may be eligible for camps of different age categories (Eg. Your child is 8 on July 1st, and will be turning 9 after summer but before the end of the year - he/she can attend the 7 & 8 yr old camp or is eligible for the 9 - 11 yr old camps.)

(Family Camp - July 29 - Aug 2 separate registration form is available on our website)

Tent sharing request (maximum of 2): _____

I would like to help sponsor another child for summer camp in the amount of: \$20 \$50 \$100 \$ _____

Please make cheque payable to **Campfire Ministries**

Mail: Campfire Ministries
 7898 Island Highway
 Black Creek, BC V9J 1G5

Phone: (250) 337-2188
 Email: info@campfireministries.ca
 www.campbob.ca

A completed Medical Form and payment in full MUST be sent in with the application form to reserve a spot. Camps will be filled on a first-come first-served basis. Early registration is recommended. Cancellations after June 1st will be subject to a \$25 fee.

LIABILITY WAIVER:

- The camp director reserves the right to dismiss a camper who, in his opinion, is a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of camp.
- I am confident that the Camp Bob staff will do their best to give my child the necessary support and supervision needed and I understand that the safety and health rules will be observed. I give camp personnel the authority to act on my behalf in case of emergency, including medical treatment. I understand that I am financially responsible.
- Where the camp program involves leaving the camp premises (e.g. overnights, canoeing, hiking, rock climbing, etc.) I give permission for my child to participate.
- I hereby release Campfire Ministries and Camp Bob and its personnel from all claims for damages arising from any accident or injury caused by my child's participation in the camp program.
- The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated, in writing, to the camp ... including photocopy of the section of any court order referring to visitation rights where applicable.
- The parents or guardians submitting this application understand that their child's photo will appear in the camp video and may be used in Campfire Ministries publications and promotionals.

Signed: _____

Date: _____