

Canada Youth Camp 2019 - Registration

Name: _____ Male / Female
Date of Birth: (mo)____ (day)____ (yr)____ Age: _____
Address: _____
City: _____ State/Province _____ Zip/Postal _____
Phone: _____ Cell: _____
Parent Name: _____ Cell: _____
Church: _____
Pastor's Name: _____ Cell: _____

Health Information Health Insurance? Yes____ No____
Health Insurance Company _____
Policy Number _____
Allergies: _____

Please list any allergies including drugs, food, insect, etc. and reactions

List ANY current or past illnesses that may cause problems while at camp

Medications, dosages and time of dosage: _____

Note: There will also be segregated swimming activities. The girls will swim at a designated time separate from the boys swimming time. A lifeguard will be present during all water activities. If a camper is under the age of 18 years, the parent or legal guardian must sign for permission for the camper to be involved in water activities. (If you are over 18 years of age, you can sign for yourself)

YES NO _____
Signature Print

I do authorize Camp Directors David Johnston or Anna Johnston to obtain medical attention and/or treatment as deemed necessary for the camper named above while at Canada Youth Camp 2019.

(signature of camper over 18 yrs of age, or if under 18, then parent or legal guardian)

Print name of parent or guardian and title. Ex. John Duff, Parent

Total Camper Cost: \$180.00 Non-refundable deposit of \$90 enclosed YES / NO
Or Total cost enclosed of \$180 YES / NO

See Website for payment information.