Canada Youth Camp 2021 - Registration

Name:		Male / Female	
Date of Birth: (mo)	(day) (yr)	Age:	
Address:			
City:	State/Province	Zip/Postal	_
Phone:	Cell:		
Parent Name:	Cell:		
Pastor's Name:	Cell:		
Health Information	Health Insurance? Yes		
Health Insurance Company			Note:
			There
Allergies:			will
	allergies including drugs, food, in		also be
List ANY current or pa	ast illnesses that may cause	e problems while at camp	DC

Medications, dosages and time of dosage: _____

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 <u>under the age of 18 years</u>, 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 2021.

(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 \$50 enclosed YES / NO Or Total cost enclosed of \$180 YES / NO

See Website for payment information.