



2008 CAMPER REGISTRATION FORM

PLEASE COMPLETE ONE APPLICATION FORM PER CAMPER
(Family Week included)

| FOR OFFICE USE ONLY | |
|---------------------|-----------------------|
| Date Received _____ | |
| Camper Number _____ | Authorization # _____ |
| ___ Fully Paid | ___ Info Complete |

CAMPER INFORMATION

Last Name: _____ First Name: _____
 Gender: Male Female Church Affiliation: _____
 Mailing Address: _____
 City: _____ Postal Code: _____
 Age: _____ Birth Date (MM/DD/YYYY): ____/____/____ Phone Number: (____) _____
 Email Address: _____ Is this the camper's first time at Camp Omagh? Yes No

PARENT/GUARDIAN INFORMATION (Youth Camps Only)

Father's Name: _____ Home Phone Number: (____) _____
 Mother's Name: _____ Home Phone Number: (____) _____
 Address if different from Camper: _____
 Cell Phone Number: (____) _____ Business Phone Number: (____) _____ (Father)
 Email address: _____ (____) _____ (Mother)

ALTERNATE CONTACT INFORMATION (Other than parents)

1) Name: _____ Relationship to Camper: _____ Phone Number: (____) _____
 2) Name: _____ Relationship to Camper: _____ Phone Number: (____) _____

CABIN MATES

Great effort is made to honour requests for cabin mates. There are NO GUARANTEES for placement. First year campers are given preference for cabin mates. Name of Cabin Mate: _____
 (Please specify only one cabin mate. If more than one name is specified, only the first name will be acknowledged.)

PROGRAM SELECTION

| X | Program | Age ¹ | Date | Camper Fee (includes \$30 registration fee) | | |
|--|--|------------------|--------------------|---|--|----|
| | 20's Weekend | 20-29 | July 4-6 | \$ 40.00 | = | \$ |
| | Prime Timers | 55+ | July 8-11 | \$ 85.00 | = | \$ |
| | Week 1 | 7-9 | July 13-19 | \$165.00 | = | \$ |
| | Week 2 | 8-10 | July 20-26 | \$165.00 | = | \$ |
| | Week 3 | 11-13 | July 27 – August 2 | \$165.00 | = | \$ |
| | Sharpening the Sword | All ages | August 2-3 | \$ 30.00 | = | \$ |
| | Family Week | All ages | August 3-9 | \$140.00 (per person) | = | \$ |
| | Number of family members attending _____ | | | \$420.00 (max per family) | = | \$ |
| | Week 4 | 11-13 | August 10-16 | \$165.00 | = | \$ |
| | Teen Week | 14-19 | August 17-24 | \$185.00 | = | \$ |
| ¹ Age indicates the age of the camper by December 31, 2008. ² All camper fees are subject to 3% PST. ³ Deposit must include the \$30.00 registration fee <u>per program</u> which is non-refundable. (Registering for multiple programs - multiply the number of programs times \$30.00 to determine your minimum deposit.) ⁴ All balances paid after June 30, 2008 can only be paid by Cash, Money Order, VISA, or Certified Cheque and will be subject to a \$15 administration fee. The balance of all accounts is due before or upon arrival at camp. | | | | | \$15 Admin Fee (if paying after June 30) | \$ |
| | | | | | Subtotal | \$ |
| | | | | | ² PST (3% of subtotal) | \$ |
| | | | | | Total | \$ |
| | | | | | ³ Less Deposit | \$ |
| | | | | | ⁴ Balance Owing | \$ |

PAYMENT

Please make all cheques or money orders payable to **OMAGH BIBLE SCHOOL**.

Enclosed is a cheque/money order in the amount of \$ _____.
 Charge \$ _____ to my VISA Card # _____ Expiry Date: ____/____/____
 Signature: _____ MM YYYY

Any registrations or account balances paid after June 30, 2008 will be subject to a \$15.00 Administration Fee.

MEDICAL INFORMATION

CAMPER WILL NOT BE REGISTERED UNLESS THIS MEDICAL INFORMATION SECTION IS COMPLETE.

If additional information is required for any of the following questions, please attach an additional sheet.

Health Card # (including the two letters that follow): _____

Family Doctor Name: _____ Phone Number: _____

Does the camper have any physical, emotional, mental, social challenges/behaviours? Yes No

If Yes, please explain: _____

Is the camper on any medication? Yes No

If Yes, please explain: _____

Note: All medication must be in its original container or original packaging and must be turned in to camp personnel on registration day.

Does the camper have any allergies? Yes No

If Yes, please explain: _____

Food Allergy Policy: Our desire is to create a safe environment for campers. We will make reasonable efforts to ensure that campers do not have a food allergy attack while at Camp Omagh. We are not a peanut-free location. Our goal is to help campers self-manage their condition.

List recent injuries, illnesses or surgeries: _____

Does the camper wear a medic alert bracelet or necklace? Yes No

If so, for what condition? _____

Are your campers's immunizations up to date? (Youth camps only) Yes No

(Please attach a photocopy of the camper's current immunization card.)

Please specify other conditions (i.e. bedwetting, etc.) and any instructions for comforting your child when the need occurs.

I certify that, to the best of my knowledge, this camper is physically able to attend camp and participate in camp activities except as listed above. I will notify the camp if the camper is exposed to an infectious disease during the three weeks prior to arriving at camp. I hereby grant permission to seek medical attention and appropriate treatment recommended by medical personnel as required in emergencies prior to my notification.

Print Name of Parent/Guardian
(or camper if they are 18 or older)

Signature of Parent/Guardian
(or camper if they are 18 or older)

CONDITIONS OF ENROLLMENT

1. The Camp Manager/Program Director reserves the right to dismiss a camper who in his opinion is a hazard to the safety and rights of others, or who appears to him to have rejected the reasonable controls of Camp Omagh.
2. The parent(s) or guardian(s) submitting this application are those having legal custody over the child/camper. The signature on the registration form signifies that all parents/guardians are in agreement with the conditions of enrollment.
3. While every precaution is taken for the safety and good health of our campers, Camp Omagh, including the Board of Directors and all staff, are hereby released from any and all liability in the event of an illness, accident, misfortune or death that may occur to the camper. Each camper must be covered by Provincial Health Insurance or appropriate medical insurance.
4. Camp Omagh requires that campers, who have potentially life-threatening conditions such as peanut allergies, be able to manage their exposure to those substances, provide two sets of medication and be familiar with its use.
5. In case of withdrawal during the camp session on the physician's order, the fee for the unexpired term will be refunded. No refund will be made for dismissals due to disciplinary action, late arrivals, early departures or head lice.
6. I will send a signed notification to the camp if another individual other than myself will be picking up my child at departure.
7. I give permission for Camp Omagh to use any image or likeness of my child/camper for promotional material and/or records.
8. The \$30 registration fee is non-refundable.
9. All programs require a minimum number of participants before they will run.

SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have read, understood and accepted the conditions of enrollment as stated above. I understand that this camper will not be registered until all portions of this application form have been completed. I have filled out this form completely and without error to the best of my knowledge.

Print Name of Parent/Guardian
(or camper if they are 18 or older)

Signature of Parent/Guardian
(or camper if they are 18 or older)

Please refer to the appropriate brochure for the program this camper is registering for which may contain additional information. If you need additional registration forms or brochures, they are available on the camp website – www.campomagh.org

Please mail this form along with your payment to:
Camp Omagh, c/o Dianne Gardner, 539 East 25th Street, Hamilton, ON L8V 4W7 (Phone: 905-388-9174)