



# 2010 CAMPER REGISTRATION FORM

PLEASE COMPLETE ONE APPLICATION FORM PER CAMPER

[www.campomagh.org](http://www.campomagh.org)

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Camper Number \_\_\_\_\_  
Authorization # \_\_\_\_\_

### 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:	Director:	Age <sup>1</sup> :	Date:	Camper Fee: (includes \$30 registration fee)		
	20's Weekend	Andrew Toohey	20-29	July 02 - 04	\$ 40.00	=	\$
	Prime Timers	George Mansfield	55+	July 06 - 09	\$ 85.00	=	\$
	Week #1	Kevin Hunter	7-9	July 11 - 17	\$175.00	=	\$
	Week #2	Tim & Anna-Lise Zavitz	8-10	July 18 - 24	\$175.00	=	\$
	Week #3	Gord & Teresa Azzoparde	11-13	July 25 - July 31	\$175.00	=	\$
	Sharpening the Sword	Max Craddock	All ages	July 31 - Aug.01	\$ 30.00	=	\$
	Family Week #1	Darrin & Bonita Douglas	All ages	August 01 - 07 (per person)	\$140.00 (per person)	=	\$
	Family Week #2	TBA	All ages	August 15 - 22 (per person)	\$140.00 (per person)	=	\$
	Number of family members attending _____ per family)				\$420.00 (max)	=	\$
	Week #4	Brian Wall	11-13	August 08 - 14	\$175.00	=	\$
	Teen Week	Don Rose & Brad Cook	14-19	August 22 - 29	\$195.00	=	\$

<sup>1</sup> Age means the age of the camper on December 31, 2010.

<sup>2</sup> **CAMPER FEES ARE NO LONGER SUBJECT TO PST (3%) IF PAID AFTER MAY 01, 2010.**

(Please remit your payment post-dated to after May 01, 2010 in order to

\$15 Admin Fee (if paying after June 30) \$

Subtotal \$

<sup>2</sup> PST 3% - N/A After May 01/10 \$

	Total	\$
	<sup>3</sup> Less Deposit	\$
	<sup>4</sup> 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 \$\_\_\_\_\_. **Pay Pal: Confirmation #**

Charge \$\_\_\_\_\_ to my VISA Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_ MM YYYY

Signature: \_\_\_\_\_

***Any registrations or account balances paid after June 30, 2010 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? \_\_\_\_\_

**Do you immunize your child?**  Yes  No **If Yes, are the immunizations up-to-date?**  Yes  No

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](http://www.campomagh.org)**

**Please mail this form along with your payment to:**

**Camp Omagh, c/o Dianne Gardner 539 East 25<sup>th</sup> Street Hamilton, ON L8V-4W7 [Phone: (905) 388-9174.]**