



2023 CAMPER REGISTRATION FORM

PLEASE COMPLETE ONE APPLICATION FORM PER CAMPER

www.campomagh.org

FOR OFFICE USE ONLY

Date Received

Camper Number
Authorization #

___ Fully Paid
___ Info Complete

CAMPER INFORMATION

Last Name: _____

First Name: _____

Gender: Male Female

Church Affiliation: _____

T-Shirt size (Youth programs only): _____

Mailing Address: _____

City: _____

Postal Code: _____

Age: _____ Birth Date (MM/DD/YYYY): ____/____/____ Phone Number: (____) _____

Email Address (**required**): _____ First time camper at Camp Omagh? Yes No

How did you hear about us? _____

PARENT/GUARDIAN INFORMATION (Youth Campers Only)

Father's Name: _____

Primary Phone Number: (____) _____

Mother's Name: _____

Primary Phone Number: (____) _____

Address if different from Camper: _____

Email address: Father _____ Mother _____

ALTERNATE CONTACT INFORMATION (Other than parents)

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

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

CABIN MATES

We do our best 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	\$
	Prime Timers Please circle days attending M T W Th F	55+	July 4-7	\$60/day or \$160/week	\$
	Day Camp	7-13	July 10-14	\$300	\$
	Teen Week (Note: earlier date)	14-17	July 16-22	\$410	\$
	Week #1	8-10	July 23-29	\$360	\$
	Week #2	8-10	July 30-Aug 5	\$360	\$
	Family Week Number of family members attending _____	All Ages	Aug 6-12	\$330/person OR \$1000 max per family	\$
	Week #3	11-13	Aug 13-19	\$360	\$
	Week #4	11-13	Aug 20-26	\$360	\$
¹ Age means the age of the camper on December 31, 2023 ² A minimum of \$50 non-refundable deposit per program week is required to register. Multiply the number of programs X \$50 to determine minimum deposit.				Subtotal	\$
				² Less Deposit	\$ ()
				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 \$ _____
- I will send an e-transfer to registrar@campomagh.org

Email address we should use for all communications: _____

If you don't have email, please indicate the phone number at which we can reach you.

Signature: _____

****Personal cheques will NOT be accepted later than 2 weeks before the program start date. Any balances paid later than this date MUST be by cash, e-transfer, debit/credit card, Pay Pal, or Bank Draft.***

All confirmations and receipts will be emailed to the email address supplied above.

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.

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.

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. Before registering, please contact us if you have any food allergy concerns.

Does the camper have any food or other allergies? Yes No

If Yes, please explain: _____

List recent injuries, illnesses or surgeries: _____

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

If so, for what condition? _____

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

All campers must submit a signed copy of the Peacekeeper Agreement. Download a copy [here](#) and include your completed copy with this application.

SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have filled out this form completely and without error to the best of my knowledge. I understand that this camper will not be registered until Camp Omagh receives this fully completed application form, signed PeaceKeeper Agreement, and full payment.

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 Camp Omagh website for additional information. www.campomagh.org

Please mail this form along with your payment (do not send cash) to:
Camp Omagh, c/o Ana Vivas, 90 Churchill St., Unit 12, Waterloo, ON N2L 2X2
registrar@campomagh.org

This is the final page.