

ENCOUNTER REGISTRATION FORM

Male Female

Last Name _____ First Name _____
 Birthday: ____/____/____ Grade (Sept. 2020) ____
 Age (as of end of Dec. 2020) Day Month Year

Mailing Address _____
 City _____ Prov. _____ Postal Code _____

Phone: (____) _____ E-mail _____

Parent/Guardian's Name _____

Work # _____ Cell # _____

Church you attend (if any) _____

Have you been to Gardom Lake Bible Summer Camp before? Yes No

Same tent as* _____, _____ (please put full name)
 *Both campers must request each other – limited to one request

Parent/Guardian's Signature:

By my signature, I confirm that I have read and agree with all points in the liability waiver listed below.

Signature: _____ Date: _____

Liability Waiver:

- The Camp Director reserves the right to dismiss a camper who, in his opinion, is a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of camp.
- I am confident that the Gardom Lake Bible Camp staff will do their best to give my child the necessary support and supervision needed and I understand that the safety and health rules will be observed. I give camp personnel the authority to act on my behalf in case of emergency, including medical treatment. (Parent/Guardian will be notified as soon as possible). I understand that I am financially responsible.
- Where the camp program involves leaving the camp premises (e.g. overnights, canoeing, hiking, horseback riding etc.), I give permission for my child to participate.
- I hereby release Gardom Lake Bible Camp and its personnel from all claims for damages arising from any accident or injury caused by my child's participation in the camp program.
- I authorize the dispensing of medications that accompany my child and the dispensing of common over-the-counter medications that might be needed.
- The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated, in writing, to the camp, including photocopy of the section of any court order referring to visitation rights.
- The parents or guardians submitting this application understand that their child's photo will appear in the camp video and may be used in Gardom Lake Bible Camp publications.

SUMMER DATES AND RATES

| Camp # | Check <input checked="" type="checkbox"/> Camp | Camp Description | Ages | Dates | Base Fee | with GST |
|--|--|---------------------------|------------------|-------------------------------------|----------------|-----------|
| EN#1 | <input type="checkbox"/> | Encounter Survival | 12-14 | July 5 - 10 | \$265.00 | \$278.25 |
| EN#2 | <input type="checkbox"/> | Encounter Aim | 13-16 | July 12 - 17 | \$300.00 | \$315.00 |
| EN#3 | <input type="checkbox"/> | Encounter Teen Explore | 13-16 | July 19 - 24 | \$265.00 | \$278.25 |
| EN#4 | <input type="checkbox"/> | Encounter 101 | 10-11 | July 26 - 29 | \$155.00 | \$162.75 |
| EN#5 | <input type="checkbox"/> | Encounter Boys Survival | 11-13 | August 2 - 7 | \$255.00 | \$267.75 |
| EN#6 | <input type="checkbox"/> | Girls Adventure #1 | 13-16 | August 9 - 14 | \$315.00 | \$330.75 |
| EN#7 | <input type="checkbox"/> | Encounter H2O | 13-16 | August 16 - 21 | \$315.00 | \$330.75 |
| EN#8 | <input type="checkbox"/> | Girls Adventure #2 | 11-13 | August 23 - 28 | \$315.00 | \$330.75 |
| Camp# _____ | | AGE (Dec 31, 2020): _____ | | | Fee with GST | \$ |
| Optional All Encounter Photo - 5x7 | | | | | add \$3.00 | \$ |
| Camp USB Video - Pre-order \$12 or \$15 at time of camp | | | | | add \$12.00 | \$ |
| Tuck - Daily Candy Store Allowance - Max \$15.00 (7.50 for EN #4) | | | | | add desired | \$ |
| ENCOUNTER CAMP REGISTRATION + extras | | | | | TOTAL | \$ |
| Deposit of \$50.00 | | | | | DEPOSIT | \$ |
| BALANCE DUE JUNE 1, 2020 | | | | BALANCE (total less deposit) | | |
| Cheque # _____ | Dated: _____ | | Cheque Total: \$ | | | |
| Post-dated Cheque # _____ | Dated: _____ | | Cheque Total: \$ | | | |

MEDICAL INFORMATION

Campers Full Name _____

Personal Health No. (Care Care # Must be Included) _____

Emergency Contact (different than parent or guardian) _____

Emergency Contact Home & Work Phone #'s _____

My Child has the following limitations/ health issues: _____

My child is on the following medication: _____

My child has the following allergies / food allergies _____

My child has the following dietary concerns (eg. Vegetarian) _____

Free Camp T-Shirt
 (Please check size)
 Youth Medium
 Youth Large
 Adult Small
 Adult Medium
 Adult Large
 Adult X-Large