

Steeprock Bay Bible Camp

2021 REGISTRATION FORM

Be sure to register early as there is only room for a limited number of campers per week. All campers will be accepted on a first-come first-served basis. We cannot consider anyone registered until we have both registration form and camp fees.

*** PLEASE PRINT ***

Name: (First) _____

(Last) _____

Male Female Age _____

Birth Date: Month _____ Day _____ Year _____

Mailing Address: _____

City/Town _____

Prov. _____ Postal Code _____

Home Phone: _____

Parent's Work Phone: _____

Band Name _____

Treaty Number _____

WHICH WEEK ARE YOU REGISTERING FOR?

CAMPER AGREEMENT: I will obey the rules of Steeprock Bay Bible Camp, and show respect to the staff and property of the camp. I realize that if I do not, I may be required to go home before camp is over.

Signature of Camper – (Must be signed for camper to be registered.)

CAMP FEES:

_____ **Total fees enclosed**

Please return completed form with fees as soon as possible to ensure your spot. Priority will be given on a first-come, first-served basis.

**Please make cheques payable to:
STEEPROCK BAY BIBLE CAMP**

PARENT'S OR GUARDIAN'S CONSENT

As legal guardian of the afore-mentioned child, I hereby authorize Steeprock Bay Bible Camp and its staff to obtain emergency medical care for my child, if required. I acknowledge that my child is attending this camp at his/her own risk, and hereby release Steeprock Bay Bible Camp, its board, its staff or representatives from any claims, damages, expenses or actions of any kind resulting from my child's participation in this program. I understand that Steeprock Bay Bible Camp reserves the right to terminate my child's stay if his/her behaviour is deemed to be potentially harmful to him/herself, or other campers or staff. I have ensured that my child is free from open wounds, lice and major diseases. I authorize the use of any pictures or videos for promotional material of Steeprock Bay Bible Camp, and waive compensation for such materials.

Signature of Parent or Guardian – (Must be signed for camper to be registered.)

Name of Parent or Guardian (Please Print)

By sending their child to Steeprock Bay Bible Camp, the parent or legal guardian agrees to abide by the rules and regulations of the Camp and the authority of the director(s).

MEDICAL INFORMATION:

Registration Number (6 digits) _____

Personal Health ID No. (9 digits) _____

List any allergies the camper has: _____

Is the camper on medication at the present time:

Yes No. If yes, please describe: _____

Describe any health problems, handicaps or illnesses that staff should be aware of: _____

Emergency Contact (other than yourself):

Name: _____

Phone number: _____