



Simonhouse Bible Camp Registration & Medical Form 2012

This form cannot be processed unless fully completed and the deposit is received. Please print clearly.

1. CAMPER INFORMATION

Last Name: _____ First Name: _____ Gender: Male Female
Mailing Address: _____ City: _____ Prov. _____ Postal Code: _____
Home Phone: (____) _____ Email: _____ Date of Birth (m/d/y): _____
Age (as of Jan 1): _____ Grade in Fall: _____ Have you attended Simonhouse before? No Yes If yes, when? _____
Church camper attends (if applicable): _____ Pastor's/Minister's Name: _____

Friend Request: (both campers **must request each other** and be of the **same age and same gender** – max 2 names)

1) _____ 2) _____

Note: We will do our best to try to put you with at least one of your requests, however we do not guarantee it.

2. PARENT/GUARDIAN INFORMATION

Father's/Guardian's Name: _____ Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email: _____
Mother's/Guardian's Name: _____ Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email: _____

If parents are divorced or legally separated, who has legal custody? _____


****Carpool Information** - In addition to the parents/guardians listed above, only the following people will be allowed to pick up your child:

1. _____ 2. _____ 3. _____

3. WAIVERS & CONDITIONS OF ENROLLMENT

- a. The Executive 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 have rejected the reasonable controls of the camp. If this occurs, the fee is non-refundable. The parent/guardian certifies that the applicant camper is normal in condition and habits and is amenable to necessary discipline. Possession of and or use of tobacco products, non-prescription drugs, and alcohol are strictly prohibited.
- b. The parent or guardian submitting this application are those having legal custody of the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any court order referring to visitation rights.
- c. While every precaution is taken for the safety and good health of our campers, Simonhouse Bible Camp and its personnel and board members, are hereby released from any liability arising from any accidents or injury caused by the camper's participation in the camp program. Each camper must be insured by Provincial Health or equivalent medical insurance.
- d. The signature of the parent or guardian on this application shall give the Executive Director the right to arrange for any special services or medical attention necessary for the camper's welfare and good health including injection, anesthesia or surgery. In such a situation the camp will attempt to notify the parent or guardian as soon as possible. The parents or guardians are responsible for any additional expenses that may result from such services.
- e. The signature of the parent or guardian on this application shall give the First-Aid/Nursing staff the right to administer the use of any non-prescription drugs to the camper and relevant emergency treatment such as CPR, epi-pen, etc.
- f. All prescribed medication must be sent in the **ORIGINAL PRESCRIPTION BOTTLE** (please send sufficient supply with a few extra). If the medication is not in the original bottle or the label is not legible IT WILL NOT BE ADMINISTERED. Any over-the-counter medication must be in the **ORIGINAL PACKAGE** and be accompanied by parent instructions.
- g. I agree to allow Simonhouse Bible Camp to share my personal mailing address and phone number with churches affiliated with Simonhouse Bible Camp for the purpose of follow-up events and programs.
- h. The signature of the parent/guardian on this application shall give Simonhouse Bible Camp permission to use pictures and/or videos of the camper for promotional purposes.

I affirm that the information given is correct and accurate. I have carefully read all the registration information and agree to abide by the Waivers & Conditions of Enrollment.

****Parent/Guardian Signature:** _____ **Date:** _____
****OVER PLEASE TO COMPLETE SIDE 2** 

**MAIL COMPLETED FORM & DEPOSIT TO:
Simonhouse Bible Camp, Box 250, Cranberry Portage, MB R0B 0H0**

CAMP OFFICE INFORMATION ONLY

Date Deposit Received _____ Deposit Amount _____ Receipt Number _____ Balance Outstanding _____

Date Balance Received _____ Deposit Amount _____ Receipt Number _____ Balance Outstanding _____

Comments/Campership _____

4. MEDICAL INFORMATION

This camp maintains a high standard of operation. However, in case of emergency, accident, or injury immediate steps will be taken to secure the needed medical attention. Parents will be notified. Please list **one other** person who could be contacted if parents cannot be reached.

Emergency Contact Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

Relationship of contact person to camper: _____

Manitoba Health Registration # (6 digit number): _____ Personal Health ID #: _____

Other Provincial Health Number (if not Manitoba): _____ Province: _____

Is the camper subject to: Asthma Diabetes Fainting Tonsillitis Convulsions Bedwetting Other: _____

Is the camper allergic or sensitive to: Penicillin Other Drugs Certain Foods Bee Stings

Please explain what happens when exposed: _____

Are there any reasons for restricting the camper's activity at camp? No Yes

If yes, please explain: _____

Has the camper been hospitalized or had a communicable disease within the past six months? No Yes

If yes, please explain: _____

Does the camper have any **PHYSICAL, EMOTIONAL, or BEHAVIOURAL CONCERNS** that may require special attention at camp?

No Yes If yes, please explain: _____

Will your child be on any prescription medications? No Yes If yes, please list the NAME, DOSAGE, and TIME it is administered on an additional sheet. _____

Medication Policy: All prescribed medication must be sent in the **ORIGINAL PRESCRIPTION BOTTLE** (please send sufficient supply with a few extra). If the medication is not in the original bottle or the label is not legible IT WILL NOT BE ADMINISTERED. Any over-the-counter medication must be in the **ORIGINAL PACKAGE** and be accompanied by parent instructions.

5. CAMP SESSION & PAYMENT INFORMATION

Please check off the camp(s) you are registering for. For **Junior High & Junior Camps**, please state choice (1st, 2nd)

Summer Programs				
	Age at the start of camp		By May 31	After May 31
Senior High	Ages 14-17	July 8-13	\$210*	\$220*
Junior High 1	Ages 11-13	July 15-20	\$205*	\$215*
Junior High 2	Ages 11-13	July 22-27	\$205*	\$215*
Junior 1	Ages 8-10	Jul 29-Aug 3	\$198*	\$205*
Junior 2	Ages 8-10	Aug 5-10	\$198*	\$205*
Mini-Mee	Ages 6-8	Aug 12-14	\$62*	\$65*

Youth Retreats			
Spring Retreat	Ages 11-17	June 1-3	\$72*
Fall Retreat	Ages 11-17	Sept. 7-9	\$72*

For Youth Retreat payment, please pay full amount when you register, no discounts apply.

General Registration Information

- To register and pay by **cheques/money order**, please enclose one **currently dated** cheque for the deposit amount (full or min \$50, \$15 for Mini-Mee) and optional donation (line 6). Include a second **post-dated** cheque, dated **no later than two (2) weeks prior to the first day of your camp** for the balance (line 7).
- If you are paying by **credit card**, the **total** camp fee will be charged upon receiving this registration. Credit Card registrations can be faxed in to 204-472-3025.
- Our **Cancellation/Refund Policy** can be viewed at www.simonhouse.ca or call 204-472-3025.
- *All fees listed are in Canadian funds and include GST

Discounts
Early Bird – register by May 31, 2012 and save!



Sibling Discount – Deduct \$20 for the second and any additional siblings, when two or more attend camp (excluding Mini-Mee & Youth Retreats). All registrations must be sent together. This discount does not apply to children registering through agencies.

Payment		
Camp Fee (Early Bird or Regular)	\$	1
Sibling Discount	- \$	2
Total Fee Owning (lines 1-2)	= \$	3

Deposit Enclosed min \$50 (\$15 for Mini-Mee)	\$	4
Optional Donation (tax-deductible)	+\$	5
Total Enclosed w/Registration (lines 4+5)	= \$	6
Balance Due 2 weeks prior to camp (lines 3-4)		7

Payment Method

Cheque/Money Order Enclosed w/post-dated cheque

Credit Card – check one:  

Card #

exp mm/yy / Total to be charged: \$ _____
M M Y Y (Lines 3+5)

Cardholder Name: _____

Cardholder Signature: _____

Check here to receive your receipt and acceptance information by email (in .PDF format)