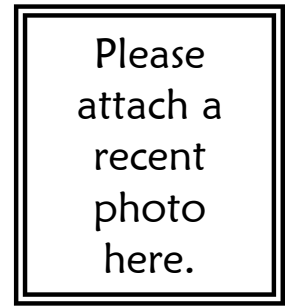




Registration Form

Camp Connections 2012



Please indicate with a ✓ which session you are registering for:

- Session 1: Saturday, July 21 (4 pm) – Friday, July 27 (1 pm)
- Session 2: Saturday, July 28 (4 pm) - Friday, August 3 (1 pm)
- Both Sessions

Part A) Applicant Information (minimum age 12 by July 30)

Given Name _____
Street Address _____
Province/State _____
Date of Birth (M/D/Y) _____
E-mail _____
Grade level (fall 2012) _____

Surname _____
City _____
Postal Code _____
Gender: (Circle) M / F
T-shirt Size (Adult): S M L XL
Language: (English only) (French only) (Bilingual)

Parents Full Name _____
Parents Work/Cell Phone _____

Parents E-mail _____
Parents Home phone _____

Please list your interests and hobbies? Also, campers are placed together in dorms, please list any special requests (such as being placed with a friend you are coming to camp with?):

Part B) Tuition Payment (Includes: food, lodging and Camp shirt Excludes: transportation to and from Camp)

Early registration deadline:

February 15th 2012

Registration deadline:

June 15th 2012

Camper tuition fee for session 1 **or** session 2:

\$455.00

FOCC sponsorship for early registration:

- \$120.00

Family discount for second child only:

- \$25.00

Camper tuition fee for **both** sessions:

\$960.00

FOCC sponsorship for early registration:

- \$240.00

Family discount for second child only:

- \$50.00

Non-Refundable Tuition Deposit (holds your spot at Camp)

-\$50.00

Deposit ensures you receive FOCC scholarship if it is received before the early registration deadline.

Balance of Tuition Owed: Required by June 15th, 2012:

\$ _____

Please include post-dated cheques for the Balance of Tuition Owed with your application.

Last cheque may be dated no later than June 15th.

Part C) Parental Consent & Photo Release

Please be informed that many photos are taken during camp; some of these photos may be used on our webpage, or in Worldwide Church of God/Grace Communion International publications. Generally campers are not identified by name. We cannot guarantee a group photo including your applicant will not be used.

Camp Connections may use any photos and videotapes taken that include the applicant at any camp event in its publications or those of its sponsors, Generations Camp Ministry and Grace Communion International.

Parent/guardian signature (required)

Date

Part D) Parental Consent & Camp Connections Release

I/We recognize the risks of physical and aquatic activities. I am/We are satisfied with the precautions taken for the health and safety of my child at camp.

I/We covenant not to sue and to release, indemnify and save and hold harmless, the Grace Communion International, the Camp Connections Camp Planning Team, all their affiliated organizations and boards of trustees or directors, officers, agents and employees, and Camp counselors or helpers, from and against claims or suits brought against the Church or camp based upon or resulting from material, moral or bodily injuries sustained by the arising out of, or in the course of, attendance at camp.

I have read the above disclaimers and agree to abide by it.

Parent/guardian signature (required)

Date

Part E) Applicant Code of Conduct Declaration

As a Camper, I will strive towards conduct as defined by Jesus Christ in the two great commandments, "love towards God, and love towards neighbour." I understand that the expectations at camp include being respectful and cooperative, reflecting modesty in dress and appearance as appropriate for the activity, abstaining from pairing off, sexual activity, offensive language, possession or use of intoxicants, or illegal drugs. I understand that I am expected to participate fully in all activities, unless exempted for reasons. I understand that I am to wear appropriate clothing for the activities, as outlined on the camp web-site. I understand that failing to abide by the rules and standards of the camp can result in my being sent home at the expense of my family.

Parent/guardian signature (required)

Date

Part F) Application Checklist

- Fill out the registration form completely; including what session you are registering for.
- Obtain parent/guardian signature
- Fill out health form completely
- Attach current photo of Applicant
- Attach \$50 deposit (make cheques payable to "Generations Camp", refundable until June 15st)
- Mail the registration to Camp Connections, 211 Boul. De L'île, Pincourt, Qc. J7V 3R6, **APPLICATIONS WILL NOT BE PROCESSED AFTER JUNE 15th.**

Given Name of _____

Surname of _____

Part G) Health Insurance and Liability Waiver

Without exception, all campers **must bring their provincial health card** (or equivalent if visiting from outside of Canada) to Camp with them. Applicant **must** be covered by Provincial Health Insurance or equivalent medical insurance.

The Camp program requires campers to engage in a wide range of physical activities. Good health and fitness are important. Precautions are taken for the safety and health of campers, but in the event of accident or sickness, Grace Communion International, its staff, and its volunteers are hereby released from any liability.

Part H) Medical Issues and Administration of Medication

By law, the administration of medication, including over-the-counter medication (such as Tylenol and Aspirin) to campers or personnel 18 or under **MUST** be approved by a legal guardian, and administered by the appointed Camp health personnel. In the event that a camper requires medical attention while at Camp, on site first aid personnel will assess the situation and deal with minor injuries, including the administering of over-the-counter medications when deemed appropriate. In the event of a medical emergency, or other health issue deemed to require further medical attention, the situation will be referred to the local hospital or clinic. The parent/guardian will be notified immediately of any serious medical issues including the need for special medication, x-rays, or other serious treatments.

In case of surgical emergency, I hereby give permissions to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/guardian signature (required)

Date

Part I) Medical Information (of Applicant whose name appears at the top of this page)

1) Does applicant have any allergies? (Bee stings, food, penicillin, other drugs, plants) Yes No

If you checked 'yes', please list all allergies and/or dietary restrictions: _____

*While it is not possible to cater to food *preferences*, allergies will be respected if we are informed in advance.

Are any of these allergies life threatening? Please explain. _____

2) Will applicant be bringing any medication with him/her to Camp? (Antibiotics, ventilator, Ritalin) Please explain: _____

3) Please indicate with a ✓ if applicant currently, or within the last three months, has had any of the following:

- | | | | |
|---------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Severe Stomach Ache |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Measles (Red) |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Fainting | <input type="checkbox"/> Measles (German) |
| <input type="checkbox"/> Other _____ | | | |

4) Does applicant have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Please explain. _____

5) Does applicant have a special, identified, learning challenge? Yes No

If you checked 'yes', please identify any strategies that may help applicant when faced with a new challenge. Many new activities are introduced within the context of Camp and we attempt to meet all needs in this area. _____

Part J) Emergency Contact Information & Health Card Number

Provincial Health Insurance Number _____

Name of Family Physician: _____ Physician's Phone Number: _____

Parent/Guardian phone number: _____ Parent/Guardian emergency number: _____

Emergency contact's name: _____ Emergency contact's number: _____

*Emergency contact will be called if the Parent/Guardian cannot be reached.

I agree with the above statements and acknowledge that I have given the most accurate and current medical information possible.

Parent/guardian signature (required)
or Applicant if over 18

Date

Supplementary Information: _____