

Keats Camp Registration Form 2011

Registration Option #1

Register on-line
www.keatscamps.com

Registration Option # 2: Please Mail or hand deliver to:

Keats Camps: c/o West Vancouver Baptist Church, 450 Mathers Ave,
West Vancouver, BC V7S-1H3, Tel: 604.432.6799

Registrations are NOT accepted by phone, fax or e-mail

Print clearly. Complete one application form for each camper and camp session. One form must be completed for each family member attending Mum 'n' Me

Campers First Name _____ **Last Name** _____ Gender M F

Address: _____ City: _____ Prov: _____ P/Code _____

Home Phone: _____ - _____ - _____ Parent/Guardian E-mail: _____

Date of Birth: Month ____ Day ____ Year ____ Age ____ Grade in Sept 2011 ____

Camp Session Registering For: _____

School: _____ Church (if any): _____

Cabin Mate Request: _____
you may list several names, however we can only ensure that each camper is housed with at least one requested cabin mate. Any changes must be submitted in writing to the office two weeks before camps start.



How did you hear about us: _____

Would you like to receive up-dates and information on the Camp Yes No

T-Shirts are included in the camp fee this year - Please indicate size

Youth: S__ M__ L__ **Adult:** S__ M__ L__ XL__ XXL__

PAYMENT OPTION #1 (for full payment)

Payment by:  

Card# _____ **Exp** ____ / ____

Name on Card: _____

Signature: _____
Your card # will be destroyed once payment has been made

\$ _____ **Camp Fees** (please add 12% HST to Camp Fee)

\$ _____ **Donation to Campership**
Through the Campership fund you can help send a camper who might otherwise not be able to attend camp.

\$ _____ **Total**

PAYMENT OPTION #2 (by cheque)

\$ _____ **Camp Fees** (please add 12% HST to Fee)

\$ _____ **Donation to Campership**
Through the Campership fund you can help send a camper who might otherwise not be able to attend camp.

\$ _____ **TOTAL**

\$ _____ **Deposit**
An immediate deposit of \$100 upon registration and a post dated cheque, dated for April 1, 2011. Please ensure your child's full name and camp session appears on the memo of both cheques.

\$ _____ **Post dated cheque for balance**
Dated April 1

Cancellations: Deposits are non-refundable and must accompany each registration. The balance of camp fees is refundable up to 30 days prior to your camp's start date. Within 30 days of your camp's start date, the balance may be refunded ONLY if we are able to replace your spot with one from our waiting list. All cancellations MUST BE received in writing.

MEDICAL INFORMATION:

CAMPER'S FULL NAME: _____

Please attach additional information on a separate sheet of paper if necessary.

ALLERGIES: Any Known allergies including medication allergies? Yes No

If yes, specify cause, reaction, and any medication required: _____

Any reaction to bee/wasp stings? Yes No Unknown

If yes, medication required: _____

HEALTH: Does camper have any chronic health problems, including Asthma and Diabetes? Yes No

If Yes, please specify health issues: _____

MEDICATION: Does camper require regular medication (prescription or otherwise) Yes No

If yes, please list the name and daily dosage required: _____

Are all immunizations up to date? Yes No

OTHER: Is there any thing else you would like to let us know regarding your child?: _____

.....
BC Care Card# _____ **OR Medical Plan (NON BC RESIDENCE):** _____
or # of other medical plan named Travel insurance or other if residence is out of BC or Canada

Doctor's Name: _____ **Tel** _____ - _____ - _____

Emergency Contact: _____ **Tel** _____ - _____ - _____
Other than parent/guardian

Emergency Contact's relationship to camper: _____

EARLY DEPARTURE: Your child will not be released early from camp unless accompanied by the parent/guardian who has signed the health form, or with written permission with signature of the parent/guardian who has signed the health form, or the person named here _____ (ID will be required).

Parent/Guardian #1: _____		Signature: _____	
Cell # _____ - _____ - _____	Work # _____ - _____ - _____	Other _____ - _____ - _____	
Parent/ Guardian #2: _____		Signature: _____	
Address if different to camper _____		City _____	Prov _____ P/Code _____
Home # _____ - _____ - _____	Cell # _____ - _____ - _____	Work # _____ - _____ - _____	

CONDITION OF ENROLLMENT: IT IS VERY IMPORTANT THAT YOU PRINT OFF THE CONDITIONS OF ENROLLMENT AND ATTACH IT TO THIS REGISTRATION FORM, CAREFULLY READ AND SIGNED BY BOTH PARENT/GUARDIAN AND CAMPER, AND WITNESSED (by anyone over the age of 19 who has witnessed you sign this form) - please do not mail in without this signature! This is a condition now required by our insurance company.

KEATS CAMPS c/o West Vancouver Baptist Church
450 Mathers Avenue
West Vancouver BC V7S 1H3
Tel: 604.432.6799
www.keatscamps.com

CAMPER: _____
(full name)

CAMP session & date: _____

Online Registrations: This waiver must be signed & mailed in or dropped off at our offices. (**NO FAX / EMAIL**)

Paper Registrations: The waiver must be signed and accompany all paper registrations.

IMPORTANT: YOUR CHILD MAY NOT BE ABLE TO ATTEND CAMP IF KEATS IS NOT IN POSSESSION OF SIGNED FORM BEFORE BOAT DAY.

CONDITIONS OF ENROLLMENT 2011

Please Read Carefully before signing – BOTH CAMPER & PARENT/GUARDIAN

1. The Camp Director reserves the right to dismiss any camper who constitutes a hazard to the safety and rights of others, or demonstrates that he/she has rejected the reasonable controls and supervision of the camp staff. **NO REFUND OF CAMPER FEES WILL BE AVAILABLE.**
2. The Camp Director reserves the right to refuse any camper for whom he/she feels the camp staff cannot provide adequate health care and/or supervision, out of concern for the camper's health and safety. The Camp Director also reserve the right to refuse any camper who we feel is unable to understand and/or follow safety procedures.
3. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any order referring to visitation rights.
4. Failure to disclose medical problems or concerns at time of registration could result in dismissal.
5. The signature of the parent/guardian on this application shall give the Camp Director authorization to arrange for any special services or other requirements necessary for the camper's welfare and good health including ordering injections, anesthesia, or surgery, if the parent/guardian cannot be reached.
6. We agree to permit use of photos and videos or other pictures of the above named in promoting camp programs.
7. Refunds of camp fees are not made for any campers departing early from camp for any reason, including health.
8. The parents/guardians are responsible for replacing property willfully damaged by the reckless behavior of their camper.
9. Keats Camps is not responsible for lost and stolen property. Valuable items should not be brought to the camp. We do not provide lockers, however campers can bring a lock for their own luggage if they wish.
10. It is the responsibility of the parents to make appropriate arrangements for their children to be picked up at the return destination at the close of camp.

For Keats Camps, and The Convention of Baptist Churches of B.C. (collectively referred to as "Keats Camps")

In consideration of the privilege of attending camp, I hereby release Keats Camps, including the directors, officers, employees, volunteers and agents, from all liability of any kind for my physical injury, including death, or illness, while at camp or during Keats Camps sponsored travel to and from camp. I will assume all risks associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family members, estate, heirs, personal representatives or assigns.

If I am under age 19, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below, to defend, indemnify and hold Keats Camps harmless from any claim asserted by me against Keats Camps, including its trustees, employees and agents, if I should repudiate this release after obtaining adulthood.

I have read and understand this Release prior to signing it and I am aware that by signing this Release I am waiving certain legal rights I/my child may have against Keats Camps.

Date: _____

Parent/Guardian signature

Parent/Guardian Name (Print)

Camper Signature

Witness Signature: _____
(anyone, other than camper, over the age of 19 who sees you sign this)

Witness Name: _____
Please print

Address of Witness _____