

Camp Y.E.S. 2018 Registration

-WINTER WEEKENDS-

Name _____ Age _____ Male _____ Female _____
Address _____
(Street) (City) (Prov) (Postal Code)
Phone# _____ Emergency# _____
Health Card# _____
Home Church _____
Pastor's Name _____
Person picking up child at end of camp _____
Camp Date Feb 1-3 Feb 8-10
(Ages 16-19) (Ages 12-15)

Registration starts at 12:00 on the first day of each camp

Lunch will be provided

First Service at 2:00 p.m.

\$75 per camper

\$25 per sponsor

THIS SECTION IS FOR CAMP ADMINISTRATION USE ONLY

Amount received _____ cash _____ cheque _____ m/o _____

Date _____ Initials _____

Medical Form for Camp Nurse

Date of last Tetanus Booster _____

Prescribed Medications regularly taken _____

Reason for Medication _____

Specific Allergies _____

Allergic to the following: _____ Bee/Ant stings? Penicillin? _____

Specific activities to be restricted _____

Reason for restriction _____

Is there a sodium restriction for this child? _____

Other information _____

***All campers must bring their Health Card to camp**

***Parents must sign this application form before mailing in application form**

Parental Release & Permission

Name of Camper _____

"I do hereby give my permission for the above named camper to attend Camp Y.E.S. 2018 and take part in all of its activities. I do also hereby absolve and release the Camp and its administration from any liability to me or the camper arising out of accident or injury suffered during those activities. In the case of medical emergency, I understand that every reasonable effort will be made to contact me, but in the event that I cannot be reached, I do hereby give my permission to the physicians selected by the camp staff to hospitalize and/or give proper treatment, including anesthesia and surgery to the above named camper."

Signed _____ Date _____

Fill out the registration form & send it with application fee to:

Pastor Douglas McClain

21 Jameston Ave

Hamilton, ON L9C 2R9

Make cheques payable to: New Testament Baptist Church



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2018