

# 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