

# Camp Y.E.S. 2025 Winter Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (Prov) (Postal Code)  
Phone# \_\_\_\_\_ Emergency# \_\_\_\_\_  
Health Card# \_\_\_\_\_  
Email \_\_\_\_\_  
Home Church \_\_\_\_\_  
Pastor's Name \_\_\_\_\_

Camp Date: February 6 – 8 (ages 13-19)

NEW location: **Shalom by the Lake**  
1570 Little Hawk Lake RD.  
Algonquin Highlands, ON K0M 1J2

**Registration starts at 12:00 on Thursday February 6th**  
**Lunch will be provided**  
**First Service at 2:00 p.m.**  
**Camp will end at 2:00 p.m. on Saturday February 8th**

**\$150 per camper \$75 per sponsor**

**\*Payment may be made by e-transfer to [campfees@ntbch.ca](mailto:campfees@ntbch.ca)  
or brought by camper/youth group to the campsite.**

## THIS SECTION IS FOR CAMP ADMINISTRATION USE ONLY

Amount received \_\_\_\_\_ cash \_\_\_\_\_ cheque \_\_\_\_\_

m/o \_\_\_\_\_ e-transfer \_\_\_\_\_

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 \_\_\_\_\_

## Parental Release & Permission

Name of Camper \_\_\_\_\_

"I do hereby give my permission for the above named camper to attend Camp Y.E.S. 2025 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 \_\_\_\_\_

For questions, please contact:  
Pastor Douglas McClain  
(905) 741-6820 or [pastor@ntbch.ca](mailto:pastor@ntbch.ca)