



## Camper Registration Form Summer 2018

Camp you are registering for: Holiday Camp C - July 23, 2018 to July 27, 2018

**Return to:**

Please return completed registration, medical forms & camp fees to the Salvation Army Gateway of Hope - Attention Andrea Voss.

### Camper Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: (dd/mm/yyyy) \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

What t-shirt size will your camper require?  Youth Small  Youth Medium  Youth Large  Youth X-Large  
 Adult Small  Adult Medium  Adult Large  Adult X-Large

### Other Important Information

Tell us a bit more about your child and their goals for Camp Sunrise this season? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cabin Request? \_\_\_\_\_

### Household Information

**Parent/Guardian Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_

Home Address: (if different from camper) \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Family Status: \_\_\_\_\_

**Second Parent/Guardian Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

## Payment Information

What Salvation Army Ministry Unit (church, etc) are you applying through? Gateway of Hope, Langley, BC

Is payment included with this application? \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**\*Camp Sunrise subsidies are available based on family need. Please contact your local Salvation Army Ministry Unit or the Department of Social Services for more information.**

## Cancellation Policy

More than four weeks before camp, all but \$50 is fully refundable. There will be no refund once camp starts and no fee adjustment if a camper arrives late or leaves early or is dismissed due to disciplinary action.

I agree

## Permission for Photographs, Video & Audio Recordings

I give permission for The Salvation Army Camp Sunrise to take photographs, video and audio recordings of my child during his/her Camp Session and to use them for marketing, public relations and promotional purposes.

I do not give permission.

## Lice Treatment

When all camper arrive at Camp Sunrise, they will undergo a Lice check. By checking below you agree to allow the Camp to treat your child's hair IF lice is found. If you do not agree below, the camp will be required to contact you if lice is found and discuss other potential options for your child.

I agree  I do no agree

## Acknowledgement

By signing below, I confirm that I am the parent/guardian of the camper. I have full authority to make the following representations and agree that:

- The Camp Director may dismiss any camper when it is deemed to be in the best interest of the camper or camp.
- Camp officials have the authority to act on my behalf in the event of an emergency and/or special medical treatment. In such a situation, I understand that the Camp Director will attempt to notify the parent(s)/guardian(s) or other emergency contacts noted in this application as soon as possible.
- I will pay for all costs associated with any necessary prescription drugs and /or special medical treatment (including ambulance costs).
- I will notify Camp Sunrise if my child is exposed to an infectious disease during the three weeks prior to arriving at camp and/or in the event that any of the information contained in this application should change.
- I hereby release The Salvation Army and all organizations and persons associated with it from any and all claims relating to any loss, injury or damage sustained by my child and/or his/her property.

To the best of my knowledge, the information provided in this application is accurate and complete.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

SA Ministry Unit Endorsement: \_\_\_\_\_ Date: \_\_\_\_\_