



**CAMPER APPLICATION
2019**

For Registrar Use Only:	
NO.	CABIN:
PAID:	STILL OWING:

Register Me For:

JR. HIGH CAMP	August 4 th - 9 th (campers entering grades 7, 8)
JUNIOR CAMP	August 11 th - 16 th (campers entering grades 3, 4, 5, 6)
TEEN CAMP	August 18 th - 23 rd (campers entering grades 9, 10, 11, 12)

****REGISTRATION DEADLINE: July 22, 2019****

CAMP LOCATION: Hidden Valley Camp, Paisley ON

Camper Last Name:		First Name:		___ M	___ F
Address:					
City:	Prov:	Postal Code:	Parent Email:		
DOB (dd/mm/yyyy):		Going into grade:	Health Card #:		
Parent/Guardian Name: (Last)			(First)		
Phone (Home):		(Work):	(Cell):		
Emergency Contact (if parent can't be reached):				Phone:	
Home Church:		UB Church Connection (if different):			
If camper wishes to be in the same cabin as a friend of the same age , please indicate below. Please list only one name. We will try our best to arrange this, but cannot guarantee it.					
Friend's Name: _____			Grade in September: _____		

CAMPER FEES:

Early Registration (POSTMARKED BY JULY 1, 2019): \$295 ****Family Discount:** \$295 for first child, \$265 ea for others in household.

Late Registration (POSTMARKED AFTER JULY 1, 2019): \$320 ****Family Discount:** \$320 for first child, \$290 ea for others in household.

Included with registration (please select one of the following options):

<input type="checkbox"/>	\$60 Early Deposit - non refundable, non transferable, balance to be paid at camp
<input type="checkbox"/>	\$295 Early Registration Full Payment (or \$265 if discount applies)
<input type="checkbox"/>	\$320 Late Registration Full Payment (or \$290 if discount applies)

Please complete *both pages* of the registration form, as well as the health certificate.

Mail form and cheque (made payable to UB Youth Camps) to:

**Laura Schofield
616-250 Country Hill Dr, Kitchener, ON N2E 3L9**

SCHOLARSHIP PROGRAM: It is our desire that every child have the opportunity to attend camp, regardless of their financial situation. To be eligible for financial assistance, a confidential application form should be included with registration. Forms are available at www.ubyouthcamps.com or from your local UB church. All applications are subject to Sponsorship Committee approval. All criteria must be met and there is no guarantee as to how much assistance will be available.

GENERAL INFORMATION: *Cell phones are strictly prohibited at camp*

Campers Should Bring: Sleeping bag/bedding for single bed, pillow, towels, toiletries, casual clothing for warm, cool & wet weather, running shoes, bathing suit, Bible, money for offering & tuck, life jacket (if available).

Campers Should NOT Bring: Electronic devices (**CELL PHONES**, mp3 players, video games, etc), alcohol, drugs, drug paraphernalia, cigarettes, lighters, matches, gum, snacks, other food items, offensive and/or immodest clothing.

ARRIVAL TIME: Between 3:30 and 4:30 pm Sunday

PICKUP TIME: Between 1:30 and 2:00 pm on Friday


Are there any medical/behavioural/social concerns that the camper is currently being treated for, or that camp staff should be aware of? (if yes, please provide details)	
Please list any medications currently being taken and which will be taken at camp (*ALL medications, prescription and over-the-counter, MUST be turned into the Nurse):	
Please list allergies, and severity:	
Please indicate any dietary concerns: __ NONE __ VEGETARIAN __ FOOD ALLERGIES (eg- milk vs milk products): __ OTHER (please specify):	
Physician's Name:	Phone:

We want to reinforce that this is a rustic camp. We are not equipped to handle exceptional medical, behavioural, social needs, serious allergies or exceptional dietary needs (including vegan diets). Campers are expected to eat from the camp menu unless specified for medical reasons.

WAIVERS AND CONDITION OF ENROLLMENT:

- 1- The Camp Coordinator and designated Program Director(s) reserve the right to dismiss anyone who in his/her opinion is a hazard to the safety and rights of themselves or others, or who appears to have rejected the reasonable controls of the camp (parents will be responsible for picking up their child(ren)).
- 2- The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the Camp Coordinators or Program Directors, including photocopy of the section of any court order referring to visitation rights.
- 3- I, the parent/guardian of the above-named participant, release the United Brethren Church of Canada and the UB Youth Camps, its trustees, directors, and staff from any loss, personal injury, accidental or intentional, misfortune or damage to the above-named or his/her property. Each camper must be covered by Ontario Health Insurance, or equivalent medical insurance.
- 4- The signature of the parent/guardian on this application shall give the Camp Coordinator and/or Program Directors the right to arrange for health care in the best interest of the camper and the right to approve and obtain medical attention necessary for the camper's welfare and good health including ordering injection, anaesthesia or surgery. Camp Staff will not be held liable as the result of any such decisions. In such situations, the camp will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expense that may result from such service.
- 5- Campers will not be permitted to leave the camp grounds for any reason except for scheduled camp activities or medical emergencies.
- 6- I understand that videos and pictures are taken for promotional purposes; this may include, but is not limited to, camp video, photo displays, camp website, printed materials and the like.
- 7- I am aware that the Hidden Valley Camp is a shared facility and that there may be individuals not associated with UB Youth Camps renting campsites on the grounds while our camp programs are running.
- 8- I have read all the information contained in this form and I accept the conditions of enrolment. I have reviewed all camp policies with my camper(s).
- 9- **A filled out Camper Health Certificate (will be sent with acceptance letter) MUST accompany each camper and be presented upon registration at camp.**

I have read and hereby agree with the above waivers, conditions and policies.

 **Parent /Guardian Signature:** _____ **Date:** _____

***Parents, please review this with your son/daughter:*

I realize that this is a Christian camp. I agree to participate in all activities, obey those in authority over me, and follow the rules of the camp (which include NOT bringing any of the items listed under General Information). Failure to comply could mean that I have to leave camp. In signing this form, I convey the right for the camp staff to check for, and confiscate, any item or material that is deemed to violate the camp policy.

 **Camper Signature:** _____ **Date:** _____