

# 2012 Summer Camp

## Camper Information: (Please PRINT CLEARLY!)

Have you attended a camp before? Y:\_\_\_ N:\_\_\_  
Which one? YF:\_\_\_ S:\_\_\_ CE:\_\_\_ Other:\_\_\_

Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ M:\_\_\_ F:\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Grade Completed at end of June 2012: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Church: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

## Camp Information:

Which week of camp? (See reverse for details)

\*1st Choice: \_\_\_\_\_

Date: \_\_\_\_\_

\*2nd Choice: \_\_\_\_\_

Date: \_\_\_\_\_

## Health Information: (Please be specific!)

Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Dr.'s Phone #: \_\_\_\_\_

Currently taking medication? Y:\_\_\_ N:\_\_\_

Taking medication while at camp? Y:\_\_\_ N:\_\_\_

Special Diet/Food Allergies? Y:\_\_\_ N:\_\_\_

Other Allergies? Y:\_\_\_ N:\_\_\_

\*\*If answering yes to any of the above, please explain/attach details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any other specific medical, physical, emotional or behavioural conditions that we need to be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

## Additional Emergency Contact Information:

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

## Fees Enclosed

\_\_\_ \$50 non-refundable registration fee

\_\_\_ Remainder of fees-Strongly Encouraged!!

(post-dated NO LATER than June 22, 2012)

\_\_\_ Financial Assistance Required?

(provide details below)

## Campership Information

To be completed only if in need of financial aid.

\*\*If you need to request financial assistance from the camp, what amount would be helpful for you? \_\_\_\_\_

\*\*Are you receiving campership/sponsorship from another organization (i.e. church, social services)? Y:\_\_\_ N:\_\_\_ Amount: \_\_\_\_\_  
If so, please provide the following:

Organization/Church: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

**Please Mail the application form with payment to:**

**Youth Farm Bible Camp  
Box 636  
Rosthern, SK  
S0K 3R0**

**Parental/Guardian Authorization:** I hereby give consent for my child to participate in all camp programs and activities unless I advise you in writing. To the best of my knowledge, my child is in good health and is physically able to participate in all activities with the exception(s) as previously indicated. I will notify the camp if my child is exposed to any infectious diseases. I agree that the camp, its officers, servants or assigns, having taken reasonable precautions, shall not be responsible for any accident or sickness involving my child. I hereby give my permission for the camp to seek medical treatment for this child, while attending camp. I also authorize staff to administer first aid to this child, or transport this child to a medical facility, if need arises. I understand that every effort will be made to contact a parent/guardian in the case of an emergency. Any information contained in this application form will only be used for the summer camp program. I give permission for Mennonite Church Saskatchewan camps to use any photography and/or video my child is in for promotional material.