

2012 WINTER & SPRING CAMP REGISTRATION FORM

For your convenience, you can also register your child online at www.winklerbiblecamp.com, where credit card payments can be made online. To ensure that your child will have the best camp experience possible, please fill out this form in its **entirety**. The information you provide will be used for your child's safety and well-being while at Winkler Bible Camp. Please note that this form will not be processed without a parent/guardian signature and the deposit fee enclosed. **PLEASE PRINT CLEARLY.**

THIS APPLICATION IS FOR WINTER OR SPRING CAMP ONLY.

CAMPER INFORMATION			
Camper's Name: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last	Middle	First	
Mailing Address: _____		City/Town: _____	Province: _____
Postal Code: _____	Home Phone: (____) _____	Date of Birth _____ / _____ / _____ <small>Month Day Year</small>	Age on Jan. 1/2012: _____
Father's/Guardian's Name: _____	Work Phone: (____) _____	Cell Phone: (____) _____	
Mother's/Guardian's Name: _____	Work Phone: (____) _____	Cell Phone: (____) _____	
Parent/Guardian's Email Address: _____			
Church camper attends: _____		City/Town: _____	
Please list two people OTHER THAN PARENTS in case of accident or illness (parents will be notified first) .			
1. Name: _____	Home Phone: (____) _____	Cell/Work Phone: (____) _____	
2. Name: _____	Home Phone: (____) _____	Cell/Work Phone: (____) _____	

CAMP SESSION INFORMATION	
Please indicate which session you would like to attend:	
_____ Junior Camp (grades 3-6) January 4-5	_____ Intermediate Camp (grades 7-9) March 30-31
Cabin mate request: _____	
Every effort is made to honor ONE cabin mate request per camper when they are WITHIN ONE GRADE YEAR OF EACH OTHER AND REGISTERING FOR THE SAME CAMP SESSION.	

MEDICAL INFORMATION	
Name of family doctor: _____	Clinic: _____ Phone: (____) _____
Manitoba Health ID: _____ <small>(top of purple card)</small>	Personal Health ID: _____ <small>(purple card)</small> Other health number: _____
Does your child require a one-on-one counselor: Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please attach a separate sheet to provide details.	
Does your child carry an epi-pen? Yes <input type="checkbox"/> No <input type="checkbox"/> Please list any allergies your child has and the severity of the reaction: _____	
Is your child on any medication/puffers/injections that will be brought to camp? (i.e. Ritalin) <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____	
Does your child have any:	Medical condition or physical disabilities: <input type="checkbox"/> Asthma <input type="checkbox"/> Bed wetting <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____
	Behavioral issues: <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> FAS <input type="checkbox"/> Other: _____
	Emotional Issues: _____
Please use this space for additional medical information if needed: _____ _____	

PAYMENT OPTIONS	
<input type="checkbox"/> Cheque	Card # _____
<input type="checkbox"/> Cash	Card Expiry Date: __ / __
<input type="checkbox"/> Mastercard	Card Holder's Signature: _____
<input type="checkbox"/> Visa	_____

OFFICE USE ONLY	
_____	-
_____	-
_____	-
_____	-

PARENT/GUARDIAN AGREEMENT	
I affirm that the information given is correct and accurate. I have carefully read the waivers, conditions, and policies (on reverse side) and agree to abide by them.	
Parent/Guardian Signature: _____	
Date: _____	

PAYMENT INFORMATION	
Camp Session Fee: JR \$90.00; INT \$100.00 or Deposit \$25.00.....	
Family Rate Deduction (details on reverse side).....	-
Optional gift to help send other children to camp.....	+
TOTAL	=

WAIVERS AND CONDITIONS OF ENROLLMENT

1. The acting Director reserves the right to dismiss a camper who, in his/her opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp. If this occurs, the fee is non-refundable. The parent/ guardian certifies that the applicant is normal in condition and habits and is open to necessary discipline. Possession of and/or use of tobacco products, non-prescription drugs, and alcohol are strictly prohibited and grounds for dismissal.
2. The parent(s)/guardian(s) submitting the application are those having legal custody of the child. Conditions of custody if applicable, will be fully communicated in writing to the camp, including a photocopy of the session of any court order referring to visitation rights.
3. While every precaution is taken for the safety and good health of our campers, Winkler Bible Camp, its directors, and staff members are hereby released from any liability in the event of an illness, accident, or misfortune that may occur to the applicant camper. Each camper must be insured by Provincial Health or equivalent medical insurance.
4. The signature of the parent/guardian on the application shall (1) Give the acting Camp Director or Health Officer the right to arrange for any special services or medical attention necessary for the camper's welfare and good health including injection, anaesthesia, or surgery. In such situations the camp will attempt to notify the parent(s)/ guardian(s) as soon as possible. The parent(s)/guardian(s) are responsible for any additional expenses that may result from such services; and (2) Give the acting Camp Health Officer the right to administer the use of any non-prescription drugs to the camper and relevant emergency treatment such as CPR, epi-pen, and medication given to the Health Officer upon instruction of the parent/guardian.
5. The signature of the parent/guardian on this application shall give the camp permission to teach the camper through various means in accordance with our Statement of Faith and that the applicant agrees to adhere to our Code of Conduct. To see a copy of our both documents, please visit our website at www.winklerbiblecamp.com or call us at (204) 325-9519.
6. The signature of the parent/guardian on the application shall give the camp permission to use pictures, videos, and/ or quotes of the camper for promotional purposes.
7. The signature of the parent/guardian on this application shall give the camp permission to transport the camper as necessary for purposes of programming or emergencies.

CAMP POLICIES

REGISTRATION TIMES – Registration for winter/spring camp begin at 9:00 am on the first day of each camp session.

PICK-UP TIMES - Pick-up time for winter/spring camp is at 7:00 pm on the last day of each camp session.

CAMPER PICK-UP POLICY – In order to keep WBC a safe place for your child, campers must be signed out AFTER the camp is over. The name of the pick-up person will be asked for during registration. If this changes during the session, please notify the camp office before the pick up time.

MEDICATION - Due to the responsibility of the staff and Health Officer at camp, all medication including vitamins, over the counter medication, and prescription medication MUST be in their original containers. Medication not in the original containers will not be dispensed. All medication, vitamins, etc. must be handed in to the Health Officer upon arrival.

CANTEEN – The cost for daily canteen is included in the registration fee. Please do not send money with your child.

MERCHANDISE - Various camp merchandise such as T-shirts, hoodies, etc will be available at pick-up.

DEPOSITS – A \$25.00 deposit must accompany your camp registration. Deposits are included in the listed Camp Fee.

FAMILY RATE - Deduct \$30.00 per camper for the third and each additional child registered (immediate family only).

CANCELLATION POLICY – When a cancellation is made one week prior to a camp session, the fee less the deposit will be refunded. There will be no refund if a cancellation is made less than one week prior to the start of the registered camp session, unless in the case of a medical emergency.

FUNDING SUPPORT - Financial aid for those who cannot afford to send their child to camp can be requested from Winkler Bible Camp by calling the camp at (204)325-9519.

PAYMENT - We accept credit card and Interac payments, or if you prefer, cheques can be made payable to Winkler Bible Camp and mailed to Box 2340, Winkler, MB, R6W 4C1. Postdated cheques will be accepted on the balance of fee only. Full payment is due one week prior to the start date of the registered camp.