

**Crowsnest Lake Bible Camp  
CAMPER REGISTRATION FORM 2011**

Please PRINT Clearly

**FOR OFFICE USE ONLY:**

Names of parents or guardians \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

(only if you actually use it regularly & wish to be contacted at it)

List campers registering from the above address. Use a separate form for those from a different address (photocopies acceptable)

1. Name: \_\_\_\_\_ M\_\_F\_\_ Age at Dec 31, 2011 \_\_\_\_\_ Birthdate \_\_\_\_\_  
(yyyy/mm/dd)

Camp Choice: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Health Care# \_\_\_\_\_ cabin mate request (one only) \_\_\_\_\_

2. Name: \_\_\_\_\_ M\_\_F\_\_ Age at Dec 31, 2011 \_\_\_\_\_ Birthdate \_\_\_\_\_  
(yyyy/mm/dd)

Camp Choice: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ HC# \_\_\_\_\_ cabin mate request (one only) \_\_\_\_\_

3. Name: \_\_\_\_\_ M\_\_F\_\_ Age at Dec 31, 2011 \_\_\_\_\_ Birthdate \_\_\_\_\_  
(yyyy/mm/dd)

Camp Choice: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ HC# \_\_\_\_\_ cabin mate request (one only) \_\_\_\_\_

4. Name: \_\_\_\_\_ M\_\_F\_\_ Age at Dec 31, 2011 \_\_\_\_\_ Birthdate \_\_\_\_\_  
(yyyy/mm/dd)

Camp Choice: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ HC# \_\_\_\_\_ cabin mate request (one only) \_\_\_\_\_

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

Emergency Contact Information:

Work Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

The refundable registration fee serves a two-fold purpose:

1) A deposit to hold your child's place at camp.

2) A tuck fund for use by your child during camp.

My child can spend up to \$ \_\_\_\_\_ in the Tuck shop

Please check the appropriate box to let us know whether you desire a refund cheque or whether you wish to donate any remaining funds. Refunds & receipts will be issued throughout the summer, by mail.

I would like to donate any remaining tuck funds to Camp.

I would like to have remaining tuck funds refunded to me by cheque.

**Family Camp Only:** I require a cabin at camp

I will bring my own RV

**Volunteer options & information:  
Please check if interested:**

- I would like to continue to receive the quarterly newsletter.
- I would like to be added to the quarterly newsletter list.
- I would prefer to get the quarterly newsletter on the web site (you can also subscribe to this online).
- I would like to receive the monthly email prayer update (you can also subscribe to this online).
- I would like further information about the camp's financial picture.
- I would like further information about volunteer work opportunities:
  - Maintenance opportunities
  - Kitchen help
  - Counselling

**Before mailing please check the following:**

- I have enclosed a cheque or money order for the \$50.00 registration deposit. **Please do not send cash.**
- I have filled out the medical waiver forms and my child and I have signed them.
- I have called camp if I had any questions or concerns. (403-563-5120 or email [james.danger@crowcamp.ca](mailto:james.danger@crowcamp.ca))
- I have double-checked dates as I know changes cannot be made.

**Mail completed registrations to: Crowsnest Lake Bible Camp, Box 250, Coleman, AB, T0K 0M0**

## Medical Questionnaire:

1. Please describe any allergies you may have to food, medication, insect bites, etc. Include what the reaction is as well as the treatment:
2. Do you have any type of disability that could affect your degree of participation in any land or water activities? (If yes please describe)
3. Do you suffer from any chronic illness or disorder such as diabetes, asthma, epilepsy etc.? (If yes please describe including treatment)
4. Describe any recent (within the last six months) illness or injury that we should be aware of.
5. Are you on any present medication:  yes  no If so, what medication and please describe dosage:
6. Name of family doctor: \_\_\_\_\_ Phone # \_\_\_\_\_
7. In case of an emergency who should we contact if we are unable to reach you:  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_

## Medical Release:

To the best of my knowledge, the camper is in good health and fully able to participate in the camp program (except as listed). I hereby give permission for authorised camp personnel to administer medications to my son/daughter as deemed medically necessary. In case of medical emergency, I hereby give permission to contact appropriate medical professionals to provide necessary treatment. Please note – CLBC will contact the parent or guardian as soon as possible.

Parent/Guardian Signature: \_\_\_\_\_

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

## Waiver and Release:

I, hereby acknowledge that while reasonable precautions shall be taken to ensure the good welfare and protection of camp participants, Crowsnest Lake Bible Camp, its directors, employees, volunteer staff members or facilities are hereby released from any and all liability in the event of any accident or misfortune that may occur to myself or my children while attending or travelling to or from a program offered by Crowsnest Lake Bible Camp.

I also acknowledge and agree:

- That wilderness activities and programs can be very dangerous, exposing participants to many risks and hazards, some of which are inherent in the very nature of the sports themselves, others which result from human error and negligence on the part of the persons involved in preparing, organising and running the activity.
- That as a result of the aforesaid risks and hazards, I, or my child, may suffer serious personal injury, even death, and/or property loss.
- That some of the aforesaid risks and hazards are foreseeable, but others are not.
- That I have carefully read the Waiver and Release agreement, that I fully understand the same, and that I am freely and voluntarily executing the same.
- That this Waiver and Release agreement is binding on me, my heirs, my executors, and personal representatives.

I also hereby give permission to Crowsnest Lake Bible Camp to use photographs, slides or video of myself or my dependants for purposes of promoting Crowsnest Lake Bible Camp.

Participants Signatures:

Parent/Guardian Signature (if participant is under 18)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_