

# Family Camp Registration Form 2010

Complete and return to: Silver Lake Mennonite Camp,  
R.R.#1, Hepworth, ON N0H 1P0 519.422.1401

Primary Family Contact \_\_\_\_\_

Preferred Name \_\_\_\_\_ M  F  Birthday (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

\*\*Email \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ask for \_\_\_\_\_

Cell / Other ( \_\_\_\_\_ ) \_\_\_\_\_ Ask for \_\_\_\_\_

Church Attending \_\_\_\_\_

Others Family Members Attending Family Camp (must be immediate Family)

Name _____	Preferred Name _____	M	F
Relationship to Primary Family Contact _____	Is Primary Contact Legal Guardian	Y	N
Birthday (dd/mm/yyyy) ____ / ____ / ____	Health Card Number _____		

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Relationship to Primary Family Contact _____	Is Primary Contact Legal Guardian	Y	N
Birthday (dd/mm/yyyy) ____ / ____ / ____	Health Card Number _____		

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Relationship to Primary Family Contact _____	Is Primary Contact Legal Guardian	Y	N
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Name _____	Preferred Name _____	M	F
Relationship to Primary Family Contact _____	Is Primary Contact Legal Guardian	Y	N
Birthday (dd/mm/yyyy) ____ / ____ / ____	Health Card Number _____		

**Emergency Contact (NOT PARENT?/GUARDIAN)** (this person would only be contacted if, in the event of an emergency, one of the above is not available.)

Name _____	Relation to child _____	Phone ( _____ ) _____
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## Calculating Your Fees

1. Applicable fee (\$300 for private cabin, \$185 shared, \$125 tenting space)	
* Name of Family you wish to share cabin with _____	
2. Total fees to be attached.	
3. OPTIONAL - I'd like to contribute to the Campership Fund (for children who cannot afford full fees for summer program)	
4. TOTAL \$	

## Making Your Payment(s)

Please send application form and cheque for full amount to the camp office;  
RR1 Hepworth ON N0H 1P0

- A Confirmation Package will be emailed within 2 weeks of registration, please provide up-to-date email address
- Registration is based on first come, first serve and is based on when application is received at camp office (post mark date)

## Conditions and Waiver

1. The parent(s) or guardian(s) submitting this registration is/are those having legal custody over the named campers. Signature on the registration form signifies that both parents/guardians are in agreement with the conditions of enrollment. Conditions of custody, if applicable, will be fully communicated in writing to the Camp, including a **photocopy of the section of any court order referring to visitation rights.**
2. The Camp Director reserves the right to dismiss a camper(s) who is in his/her opinion a hazard to the safety and rights of others, or who appears to him/her to have rejected the reasonable controls of the camp. No refund will be made for dismissal due to disciplinary action, late arrival, or early departure including homesickness. In the case of withdrawal from camp on physician's order, a gift certificate will be provided for the equivalent of the unused portion of the camp term.
3. While every precaution shall be taken to ensure the good welfare and protection of the camper(s), Silver Lake Mennonite Camp, its Directors, staff members, employees, or facilities outside of the camp grounds are hereby released from any liability in the event of any accident or misfortune that may occur to the applicant. Each Camper must be covered by Provincial Health Insurance or equivalent medical insurance.
4. In the event that a camper requires special medical, x-ray or treatment beyond that which is available at Camp, the signature of parents/guardians on this registration shall give the Camp Director and/or the nurse/medic the right to arrange for any special services and/or medical attention necessary for the camper's welfare and good health. In such a situation, the Camp will attempt to notify the parents/guardians as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.
5. Parents/guardians agree to permit reasonable use of photos and videos or other pictures of the applicant camper in promoting the Camp or its activities and programs.
6. I have read both sides of this registration form and I accept the conditions of enrollment as outlined above by my signature herein.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

Silver Lake does not require a doctor's examination for children attending camp. The information collected here is strictly confidential and will be used only for the care of the camper by the Silver Lake nurse / medic and other medical personnel as required.

Camper (preferred) Name \_\_\_\_\_

Office Use ONLY  
**CABIN GROUP**

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Card Number \_\_\_\_\_

OR if another Medical Plan is used (please specify) \_\_\_\_\_

*(this section MUST NOT be left blank)* Card Number \_\_\_\_\_

Is the camper's **TETANUS** immunization up to date? Please circle last date given: 99 00 01 02 03 04 05 06 07 08 09

INDICATE if the camper is subject to any of the following:

- kidney trouble  
  tonsillitis  
  seizure  
  bed wetting  
  sleep walking  
  asthma  
  eating disorders  
  migraines  
 ear trouble  
  homesickness  
  heart trouble  
  ADD  
  ADHD  
  diabetes  
  emotional upset  
  stomach upset

**ALLERGIES** Please LIST any allergies (ie. medications, food, insects or environmental)

Specify reaction (eg. anaphylaxis, rash, upset stomach, etc.) severity and any treatment / medication required:

Does the camper carry an **ANA Kit**?  or an **Epipen**?  & know how to administer it him/herself? Yes  No   
 (If your camper normally carries an **ANA Kit**, **Epipen** or **asthma inhaler**, we request that 2 sets be brought to camp ~ one for the camper to carry and a back-up to be kept by the nurse/medic)

Does the camper have any **DIETARY RESTRICTIONS**? Please be specific: (NOTE: Silver Lake is not a NUT-FREE environment)

FOR FEMALE CAMPERS Has she menstruated? No  Has she been told about menstruation? Yes  No   
 Yes  If she suffers from menstrual cramps what is the usual treatment?

**ALL MEDICATIONS** will be collected by the nurse / medic at registration. All medications must come in their **original container**. Prescription meds **must be for the child indicated on the label** and all labels must have proper dosages detailed. Any outdated medications ,those not in their original containers or those not prescribed for the camper **WILL NOT BE ADMINISTERED** to campers while they are in the care of Silver Lake Mennonite Camp. If over-the-counter medication, please ensure that camper's name is on the container.

List current medications on reverse (newer meds may be added on day of registration).

Please give a brief description of the camper's condition. What is an expected norm for him/her? (Please give appropriate details)

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason prescribed \_\_\_\_\_  
\_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason prescribed \_\_\_\_\_  
\_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason prescribed \_\_\_\_\_  
\_\_\_\_\_