

REGISTRATION FORM

To register, please send to camp:

1. A completed registration form. One form per camper and one form per camp is necessary.
 2. One cheque, money order, or credit card information currently dated, covering the non-refundable deposit **OR** full camp fee. (deposit for week-long summer camps: \$50. Two to three-day camps: \$25. Family Camp: \$55)
 - 3. Second cheque or money order, covering the balance of the camp fee dated no later than **3 weeks prior** to your reserved week at camp. (Please include camper's name & camp event on the cheque or money order), **or** you can pay the balance by Visa, MasterCard, debit, cash or money order on registration day.
- NOTE: No cheques will be accepted on registration day.**
No registrations will be accepted by phone.

Registration options:

Mail - Payment by cheque, money order, or credit card

FAX - (506)839-2461 Payment by credit card only

Things to remember:

- Confirmation letters or phone calls will not be sent out unless there is additional information that your camper may need, or there is no longer any room left in the camping event they have applied for. Confirmation will be indicated by cancelled cheques, or charges to your credit card.
- No camper will be allowed to attend camp unless his/her fees are paid in full before the camp session starts.

CAMPER INFORMATION

Camp event you plan to attend: _____

Dates: _____

Last name: _____ First name: _____

Middle initial: _____ Gender: M F

Address: _____

City: _____

Province: _____ Postal code: _____

Tel (h): _____ Tel (w): _____

MEDICAL INFORMATION (continued)

- Please attach a list of prescribed medications/treatments.
 - Campers are not to leave the campgrounds except as a part of camp activities supervised by camp staff. To ensure the health and safety of your child we have a qualified medical person and lifeguards for every camp. **When arriving at camp ALL medications must be surrendered to the First Aid Attendant who will administer all medicine.**
 - Over the counter medications will be used at the discretion of the medical staff for the following symptoms: colds, coughs, congestion, pain, headaches, fever, upset stomach, nausea, vomiting, diarrhea, rashes, allergies, cuts, scrapes and burns.
 - The dosage of medications given to campers will be as directed by the package unless otherwise indicated by the parent/guardian. If you have any preferences or objections to particular medications please indicate on a separate piece of paper and attach to this form.
- Please remember, when bringing any medications to camp they MUST be in their original labeled container.**

WAIVERS AND CONDITIONS OF ENROLLMENT

1. Camp Tulakadik exercises a "No Tolerance" policy on bullying and misbehaviour. In the event that a camper fails to heed to fair warnings and continues to abuse this policy, they will be sent home at the parent/guardian's expense with no refund on camper fees.
2. The Executive 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. The parents/guardians must certify that the applicant camper is in normal condition and is amenable to necessary discipline. Failure to disclose problems at the time of application could result in dismissal.
3. The parents/guardians submitting this form are those having legal custody over the child. Condition 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. If anyone other than the above-indicated

Date of birth (d/m/y): _____ Age: _____

Email: _____

Choice of 2 cabin mates:

1. _____ 2. _____

We make every effort possible to ensure your child is with their chosen cabin mates

Have you attended Camp Tulakadik before? YES NO

MEDICAL INFORMATION

(to be filled out by parent or guardian)

Medicare Number: _____ Expiry Date: ____/____

Emergency Contact (other than parent): _____

Relationship: _____

Tel (h): _____ Tel (w): _____

Family Doctor: _____ Tel: _____

Year of last tetanus booster: _____

Medical Conditions (please provide specific instructions for the care of your child while at camp): _____

Is there any additional information regarding medical conditions, disorders, medical history or restrictions (i.e. diet, allergies, physical activities, special care, etc)? _____

Parents/Guardian Names: _____

Relationship: _____

parent/guardian will be picking the camper up, Camp Tulakadik must receive written notification 24 hours prior to camper departure of the camping event in question.

4. I, the parent/guardian of the named participant on this application release the Saint John-Kings Association of United Baptist Churches Inc., its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the named participant on this application of his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named participant on this application. NB Medicare or equivalent medical insurance must cover each participant.

5. The signature of the parent/guardian on this application shall give the Executive Director the right to arrange for any special services or other requirements necessary for the best interest of the camper and shall give the Executive Director the right to approve and obtain any medical attention necessary for the campers' welfare and good health including ordering injection, anesthesia or surgery. 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.

6. We agree to permit reasonable use of photos and video or other pictures of the applicant camper in promoting the camp activities and programs. Camp Tulakadik will not give out to third parties any information pertaining to the addresses or names of campers in their care without the permission of their parent/guardian.

7. I have read the waivers and conditions of enrollment and accept them. I certify that the information recorded on this form is accurate.

Parent/Guardian signature: _____

Date (d/m/y): _____

The above signature certifies all of the conditions above. Please note that applicants will not be accepted without the above signature.

PARENT/GUARDIAN INFO

If parent/guardian address and phone number differ from camper's please provide below:

Address: _____
City: _____ Prov: _____
Postal Code: _____ Tel: _____

CAMPER PICK-UP

To ensure the safety of our campers we require that you inform us of who will be picking up your child on the last day of your camp.

Campers will only be permitted to leave the camp grounds with the individual specified below:

Name: _____
Relationship to camper: _____
Tel (h): _____
Intended time of pick-up: _____ Date (d/m/y): _____

Signature: _____
Should this information change while the camper is at camp, please inform the camp 24 hours before departure time.

ELECTRIFY DAY CAMPS ONLY

Circles session(s) attending or all sessions and indicate parent or guardian requiring lunch.

Monday:	Morning	Lunch	Afternoon
Tuesday:	Morning	Lunch	Afternoon
Wednesday:	Morning	Lunch	Afternoon
Thursday:	Morning	Lunch	Afternoon
Friday:	Morning	Lunch	Afternoon

All Sessions

Lunches required by parent/guardian: M T W Th F

GREAT DISCOUNTS

- Be sure to register early for big savings on summer camp fees!
- There is also a \$10 discount on the camp fee for the second child of a family and a \$20 discount for the third and subsequent child from the same family. *Discounts only apply to week-long summer camps.*

PAYMENT (for family camp see section 2)

SECTION 1

Camp Fee	\$ _____
Additional program fee (\$3.50 craft fee for weeklong camps)	\$ _____
Subtract Family Discount (only applies to week-long camps)	\$ _____
Total Fee Owing	\$ _____
Amount Enclosed (deposit must be enclosed to hold camper's spot). <i>Deposit for week-long summer camps: \$50. Two to three-day camps: \$25. Electrify Day camps: \$5/session or \$25/full week</i>	\$ _____

SECTION 2 (family camp only)

Family Camp Deposit (\$55)	\$ _____
Accommodations Fee	\$ _____
Meals Fee	\$ _____
Total Fee Owing	\$ _____
Amount Enclosed (deposit must be enclosed to hold family spot)	\$ _____

SECTION 3 (credit card payment only)

Please charge \$ _____ to my: ___ MasterCard ___ Visa
Card #: _____ - _____ - _____ Exp Date: ____/____
Name of Card Holder (required): _____
Card Holder's signature (required): _____

Going to Blaze? Want the Spotlight Option?

During some of the interest group times participate in singing, drama, dance, and other performance art. **Yes No**

GOTTA FRIEND?

Would you like us to send a brochure to a friend? YES NO
Name: _____
Mailing Address: _____

FAMILY CAMP ONLY

Family Name: _____
Names of Adults: _____
Names and Ages of Children: _____

Address: _____
City: _____
Province: _____ Postal Code: _____
Tel (h): _____ Tel (w): _____
Email: _____

Accommodations:
___ Tent Site ___ Trailer Site ___ Large Cabin ___ Small Cabin

Meals: ___ Plan A: All meals
___ Plan B: Pay as you go (purchased at camp office at least 2 hours prior to meal time)

FOR OFFICE USE ONLY

Date received. *Postage -date* (d/m/y): _____
 Deposit received: \$ _____ Payment Type: _____
 Post-dated cheque: \$ _____ Date (d/m/y): _____
 Data Entered Amount owing: _____
 Missing information: _____
 Initials: _____

HOW DID YOU HEAR ABOUT US?

___ Word of mouth	___ Church
___ Website	___ Poster
___ Brochure in mail	___ Other: _____

ARRIVAL AND DEPARTURE TIMES

Week-long summer camps	Arrive - 3:30	Depart - 6pm
Discovery & Outback 1&2	Arrive - 3:30	Depart - 6pm
Weekend camps	Arrive - 7pm	Depart - 2pm

Registration will NOT begin early. Camp Tulakadik is not responsible for any campers dropped off before arrival time

WHILE YOUR CHILD IS AT CAMP

- Parents/guardians are asked to NOT visit or call campers during their stay at camp unless the camper's well-being depends on it. The camp will promptly contact you if there is a problem.
- We encourage parents/guardians to send email or mail to campers during their stay.

**THANK YOU FOR CHOOSING
CAMP TULAKADIK!**