



Office Use Only:	
Date Received:	_____
Cash / Cheque	_____
Receipt #:	_____
Amount Paid:	_____
Amount Due:	_____

Registration Health Form

Please complete one form for each camper.

Camper's Name: _____

Circle T-Shirt Size Desired							
Youth			Adult				
S	M	L	S	M	L	XL	

Parent/Guardian Name(s): _____

Address: _____ City/Town: _____ Province: _____ Post Code: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____

Health Card#: _____ Birth date (ddmmyy): _____ Sex: _____ Male _____ Female

Cabin Mate Request: _____ Home church (if any): _____

We will do our best to honour requests but cannot make a guarantee

Indicate the Camp attending:

- | | |
|--|--|
| <input type="checkbox"/> Women's Retreat (June 18-19) \$50 | <input type="checkbox"/> Youth II (July 24 - 29) \$190 |
| <input type="checkbox"/> Youth Weekend (June 25-26) \$50 | <input type="checkbox"/> Day Camp 1 (Aug 1 - 5) \$110 |
| <input type="checkbox"/> Youth I (July 10 - 15) \$190 | <input type="checkbox"/> Children's II (August 7 - 12) \$180 |
| <input type="checkbox"/> Children's I (July 17-22) \$180 | <input type="checkbox"/> Day Camp 2 (Aug 15 - 19) \$110 |

Fee Calculation:	
Registration Fee:	_____
Minus Family Discount*:	_____
Minus Early Reg. Bonus**:	_____
Total Due:	_____
<small>Cheques can be made payable to Metochos Ministries, and mailed to 738 2nd Street, Estevan, SK, S4A 2B3</small>	

Deposit: \$50 for all programs non-refundable

* the second child or more from the same family receives a \$10 discount

Any registration fees **paid in full by May 1, 2011 a \$20 discount applies

A confirmation will be sent out no later than two weeks before the start date of the first registered camp

On my behalf and on behalf of _____ (camper), I hereby release Metochos Ministries Lutheran Bible Camp Association (Metochos Ministries), its agents, members, and employers, and hold them harmless from any and all liability for any accident, injury or any claim arising out of the said campers use of Metochos Ministries or any of its facilities, or by virtue of or participation in any of its programs.

I understand my photo and/or the photo of my child may be taken and used for promotion of the camp. I grant permission for the camp to use these photos for promotion of the camp without my inspecting or approving the photos.

The information provided herein will be used in summary to provide proper care for campers, for the promotion and funding of the Metochos Ministries, for recruitment of campers, volunteers, staff and supporters of Metochos Ministries. I understand that a **completed health form must be filled in, signed, and provided to the Camp Director prior to my or my child's stay at camp.** Forms are available at www.metochos.ca or by calling the office at 634-9010. Please specify here if there is a parent/guardian who does not have custodial rites of this child and is therefore not allowed custody of this child under any circumstances:

Signature of Parent/Guardian: _____ Date: _____

Registration Information

- For camps starting on Sunday, registration at the camp is 3:30PM. The staff will be in a meeting until this time.
- All camps (except day camp) end at 12:30PM on Friday. Parents and guardians can attend the 11:30AM worship and following lunch with the campers and staff.
- Wednesday Night services are, as always, open to the public. We also invite you to participate in the wide game following the worship.
- A deposit of \$50/camper is required for all camps with the balance due upon arrival. The deposit is non-refundable.
- We accommodate food allergies and special diets, asking that you inform us in advance. Please do not bring food or candy.
- Families receive a \$10 discount for **additional** siblings.
- Any registrations **PAID IN FULL** by May 1, 2011 will receive a \$20 discount
- We ask that campers do not bring cell phones, video games or mp3 players to camp. If brought the staff will keep them in a locked cupboard for the duration of the camp. Please leave them at home.
- **ALL** campers must have a health form filled in and signed (by parent/guardian if camper is under 18)
- If your son or daughter is being **picked up** or dropped off by someone other than the parent or legal guardian please let us know
- Cash and cheque accepted for payment
- Make cheques payable to Metochos Ministries
- Please send registration forms, health forms, and payments to

Metochos Ministries
738 2nd Street
Estevan, SK
S4A 2B3

Please don't send cash by mail

Phone #: 306-634-9010

Fax #: 306-634-5686

metochos@sasktel.net

Health Information Form

The information on this form will be used at the discretion of the camp health care staff to ensure care and attention is given to the health of the participant. All information is considered personal and confidential.

Name _____ Birth Date: _____
(Family Name) (Given Name) (ddmmyy)

Parent/Guardian Name(s): _____

Parent/Guardian Contact Phone Numbers:

Name	Home	Work	Cell

If the above is unavailable in an emergency, please notify:

1. _____
(Last Name) (First Name) (Relationship)

Phone : Home _____ Business: _____ Cell: _____

Address

Provincial Health Ins. No. _____

Other Ins. Carrier: _____ # _____

Family Doctor _____ Phone (____) _____

The camp program may include swimming, hiking, boating, and other physical activities.

Does the applicant suffer from any physical or emotional disorder that would prevent him or her from participating fully in this program? _____

If so, please state full particulars:

Do you have any special instructions for camp staff regarding the applicant's health care or diet?

(attach separate sheet if necessary)

Does the applicant have **allergic reactions** to such things as drugs, food, insect stings? If so, list, giving type of reaction and treatment given.

Is the applicant currently subject to any of the following?

___ Arthritis ___ Convulsions ___ Motion sickness ___ Respiratory ailments ___ Ear trouble
___ Nightmares ___ Bet wetting ___ Headaches ___ Sleepwalking ___ Other (please indicate)

Please give details of usual treatment should condition occur:

Chronic conditions or recent illnesses of which staff should be aware:

Please list any medication which the applicant is bringing to camp. This must be clearly labeled with name and circumstances under the medication is administered to the camper, and given to the camp health care staff on arrival at camp.

On occasion, campers become ill at camp and require attention from our camp health care staff. Please indicate the non-prescription medication that the camp health care staff can administer to your child.

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Acetaminophen
(eg. Tylenol) | <input type="checkbox"/> Ibuprofen (eg. Advil) | <input type="checkbox"/> Pseudoephedrine
(eg. Sudafed: Nasal Decongestant) | <input type="checkbox"/> Dextromethorphan
(eg. Sudafed: Cough and Cold) | <input type="checkbox"/> Cough Suppressant
(eg. Halls) |
| <input type="checkbox"/> Child strength acetaminophen | <input type="checkbox"/> Child Strength ibuprofen | <input type="checkbox"/> Child Strength Pseudoephedrine | <input type="checkbox"/> Child Strength Dextromethorphan | <input type="checkbox"/> Brompheniramine
(eg. Dimetapp) |

Other Medication: _____

Date of last tetanus shot: _____

Are corrective lenses required? ___ Contact lenses? _____

Other comments or information not mentioned above:

EVERY CARE AND ATTENTION WILL BE GIVEN TO THE HEALTH AND COMFORT OF PARTICIPANTS

I hereby authorize **Metochos Ministries Lutheran Bible Camp** to secure such medical advice and services as may be deemed necessary for the health and safety of myself or my child or ward.

Signature of Applicant or
Parent/Guardian if applicant is under 18

Date