

APPLICATION FOR REGISTRATION FOR 20_____

To attend (circle camp preferred)

Kids Camp #1 .

Kids Camp #2 .

Teen Camp

Ages 8-12

Ages 8-12

Ages 13-18

Date: _____

Camper's Name: _____

Birth date: _____ Age: _____ Sex: _____

Home Phone: _____

Home

Address: _____

City: _____ Prov. _____

Postal Code _____

Email address: _____

Work Phone _____

Emergency Phone: _____

Transportation to and from Camp Yukon via (circle)

Parents Bethany Van (\$20.00) Other _____

Do you have a friend coming to camp that you would like to be in the same cabin with?

Name _____

MEDICAL INFORMATION

Health care # _____

Company Name _____

1. Any allergies to food or drugs? Yes . No .
2. Allergic to bee stings? Yes . No .
3. Medication required at Camp? Yes . No .
4. Can Tylenol be administered? Yes . No .
5. Are all vaccinations up to date? Yes . No .

PLEASE NOTE: A staff member fully trained in industrial first aid emergency measures or a nurse will be in attendance at Camp to direct medical attention to campers. There is no extra charge for this. We also carry liability insurance on all campers and those without medical insurance are fully covered under our policy. Has the applicant camper any physical, mental or emotional weakness or disability about which the staff should know that will require special attention? ie. Asthma, seizures, etc. Please specify allergies, medication required or any special needs:

Camp Yukon
91806 Alaska Hwy
Phone 867-668-4817
www.bethanychurch.ca

For Office Use Only	Payment by Cheque Cash . Visa, M/C Other _____		
	Amount	Date Paid	Receipt #
Deposit			
Registration			
Van			
Discount			
Subtotal			
Canteen			
Total			
Amount Paid			
Cabin		Team(Teen)	

Fee \$250.00 Canadian US Funds at par

Make cheques payable to: CAMP YUKON

A non-refundable deposit of \$25.00 is required to reserve camp space. The Balance is to paid at the town office prior to the start of camp.

DISCOUNTS:

1. \$20.00 discount for each additional child attending from the same family.

- △ Campers will participate in a range of activities including swimming, canoeing, horseback riding, climbing wall, archery, riflery, hiking, fishing.
- △ Camp staff are trained to supervise these areas with an emphasis on safety.
- △ Campers who cannot or will not cooperate with Camp program or abide by the rules will be returned to the child's caregiver.
- △ The Camp Director must be involved in any dismissal of a child from Camp grounds
- △ In the case of dismissal no refund of fees will be given.
- △ Refunds for children taken ill will be pro-rated.
- △ Parent/guardian must notify Camp Director when picking up a child from camp.

As parent/guardian I understand and agree to these conditions.

Parent/Guardian signature: _____

Name (Print): _____

Dates Signed: _____

A Letter of acceptance and list of what to bring will be sent upon receipt of registration.