



WYCAMP CAMPER FORM

11-14 January 2019

Early bird registrations with payment of \$155 are due by Saturday 6th October 2018
Regular registrations with payment of \$165 are due by Saturday 1st December 2018.
Hand in completed registration to youth leader or email to collinsyouth@shoregrace.org

Camper's Name: _____

Nickname/Preferred name: _____

Contact number: _____

Email address: _____

Gender: _____ Age: _____

Roommate Preference:
(No guarantees, but we will do our best.)

I'm happy to mix in a cabin with people I haven't meet...
 Sure, as long as they don't bite!
 I'd prefer to stick with people I know this time

What church are you connected with?

Primary Emergency Contact:
Name: _____

Phone: _____

Secondary Emergency Contact:
Name: _____

Phone: _____

Medical Record and Medications:
Please list any medical conditions (injuries/ allergies to insect, drugs, or environment/ triggers/ illness/ concerns) which you believe adult leaders at the camp should be aware of. List any medications (along with dosages/times) you will be bringing to camp. (If this were to change before camp, please contact your youth leader.)

Food allergies/intolerance/ dietary requirements (including if you are vegetarian)

Declaration:
I give my permission for the leaders of WesoYouth Camp to coordinate medical care. I understand that the camp leaders will exercise due care but recognise that accidental injuries may occur. In the case of an emergency, I understand that the leaders will try to contact emergency contacts immediately. If they cannot be reached, I authorise any medical care urgently required to be carried out by the physician selected by the leaders. (To transport to A&E, hospitalise, secure treatment for, and to order injection, anaesthesia, or surgery). This health record is correct so far as I know. The person described here has permission to engage in all programme activities, except as noted. (Please attach any further details). I also understand that each individual will be held responsible for their behaviour. I approve of this camp application. I allow for photos of the individual described in this form to be taken and used for possible advertising purposes, unless otherwise notified. I understand that refunds are provided upon cancellation only up until 8 days prior to camp (Jan 4th, 2018).

Signed: _____
(Parent/Caregiver)

Date: _____

Payment
 Early bird \$155 (before Oct 6th)
 Regular \$165 (Oct 6th to Dec 1st)

I am paying by...
 Cash – give to your youth leader
 Cheque – give to your youth leader
 Fundraising – talk to your youth leader
 Direct credit – ask your youth leader for the account number

Direct Credit:
Church: Shore Grace
Account Number: 03-0285-0228008-00
Reference: WYCAMP and NAME
Cheques Payable to: Shore Grace