



2018 MULHURST CAMP REGISTRATION FORM

Please complete one form for each camper attending.

Date: _____

CAMPER INFORMATION:		
CAMPER SURNAME:		
CAMPER FIRST NAME:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Y/M/D	Age:

CHOOSE SUMMER CAMP(S): Indicate which camps you are registering for. Children must be the specified age by the camp start date.		
	Family Camp (all ages)	July 15 - 20
	A Taste Of Camp (10 and Under)	July 23 - 27
	Music, Art, Dance, & Drama Camp (ages 10-18)	July 29 - Aug 3
	Youth Camp (ages 12 - 16)	Aug 5 - 10

CONTACT INFORMATION:		
Parent or Guardian Name(s):		
Mailing Address:		Residence Address: (If different from mailing)
City:	Province:	Postal Code:
Primary Phone:	Secondary:	Additional:
Email:		Fax:

ADDITIONAL INFORMATION (if applicable)	
Home Church:	
Pastor's Name:	



EMERGENCY CONTACT INFORMATION: (to be used in the event of an emergency) *Cannot be the same the parent/guardian listed above and will only be contacted if we are unable to reach parent/guardian listed on page 1.

Emergency Contact Name:		Relationship:	
Primary Phone:		Secondary Phone:	
MEDICAL INFORMATION:			
Camper Name:			
Health Care Number:			
Family Doctor:		Phone:	

Does this camper have food allergies, medical conditions, allergies, or prescriptions? (List below)

Is there any other information you would like us to know about the camper?

As part of the registration each camper has the option of purchasing a T-shirt (please indicate the number of each size needed- the cost will be \$10 per T-shirt)

Youth XS (2-4)	Youth S (6-8)	Youth M (10-12)	Youth L (14-16)
Adult S	Adult M	Adult L	Adult XXL

How did you hear about Mulhurst Lutheran Camp?

<input type="checkbox"/> Past Involvement	<input type="checkbox"/> Brochure	<input type="checkbox"/> Internet
<input type="checkbox"/> Church Publication	<input type="checkbox"/> Friend	<input type="checkbox"/> Other (Please specify)



WAIVER / CONSENT

On behalf of my child (if over 18 camper may sign)

(please print child's name)

I hereby release Mulhurst Lutheran Church Camp Association, it's agents, members and employees and hold them harmless from any and all liability for any accident, injury, or any claim arising out of the said camper's use of Mulhurst Lutheran Church Camp or any of its facilities, or by virtue of participation in any of its programs. In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize the Camp Personnel to secure medical advice and services as may be deemed necessary for the health and safety of my child.

Signature of parent/guardian (if applicant is under 18)

Date signed

CONSENT AND RELEASE OF PERSONAL INFORMATION

Mulhurst Lutheran Church Camp follows the principles under the Provincial Information Privacy Act (PIPA) as it relates to non-profit organizations.

We like to take photos and videos during camp for archives, powerpoint updates for meeting, PR and promotional use. Please complete the following section either giving or denying permission to release personal information in the context of Mulhurst Lutheran Camp setting as indicated below. Please let your child prior to camp if they are not to be in pictures or videos so that they may not be disappointed when we do not allow them to be in photographs.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Use of photographs and/or video footage of me or my child if applicant is under 18 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Use of mailing address, email or telephone for sending camp promotional information to the camper |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Camper image on Mulhurst Camp publications, documents, displays or website |

Signature of parent/guardian (if applicant is under 18)

Date signed

Questions?

Visit our website: mulhurstcamp.ca

Call the Mulhurst Camp Office: (780) 389-2174

OR email: register@mulhurstcamp.ca

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CAMP	AGES	RATES	# of nights	# of Campers	TOTAL	GST
<i>EXAMPLE</i>	<i>ALL AGES</i>	<i>\$60/PERSON/NIGHT</i>	2	2	<i>\$240.00</i>	<i>\$12.00</i>
Family Camp	All ages	\$60/person/night			\$	\$
		\$25/child/night (ages 4-12) Age 3 & under FREE			Family MAX (\$1,000)	\$
Taste Of Camp	(10 & Under)	\$60/child/night			\$	\$
		\$300 +GST (full week)			\$	\$
MADD Camp	(ages 10 -18)	\$300 +GST (full week)			\$	\$
Youth Camp	(ages 12 -16)	\$300 +GST (full week)			\$	\$
Family Camp <i>Please circle your arrival and departure days</i>					Registration Total	GST Total
SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY					\$	\$
Taste of Camp <i>Please circle your arrival and departure days</i>						
SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY						
DEPOSIT	\$50 Non-refundable Deposit (Required at time of registration)				\$50.00	
T-SHIRTS	\$10 per item. QTY: _____				\$	
DISCOUNTS	10% for multiple family members				-\$	
	5% if payment is received in full by May 15, 2018				-\$	
BALANCE Owing					\$	
<i>Camp Office Use Only</i>	Deposit Paid by:		Date:		Note:	
	Balance Paid by:		Date:			
Total Amount Owing must be paid in full on or before the first day of the camp session.						
Credit Card Payment: (May be phoned in)						
Card Type (Visa/MasterCard)			Card #			
Expiry Date:	(D/M/Y)	Amount to charge to Credit		\$		

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