



2019 CONFIRMATION RETREAT REGISTRATION FORM

Please complete one form for each camper attending.

Date:

Mulhurst Confirmation Retreat 2019 runs from Friday, November 1st to Sunday, November 3rd.

Registration Fee is \$90.00

Home Team Leader's Name: _____

PARENT / GUARDIAN 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:	

Do you attend Church?	Y	N
If yes, which church?		
Would you like to receive Mulhurst Newsletters (monthly)?	Y	N
If yes, do you have a preferred email?		

CAMPER INFORMATION:		
CAMPER SURNAME:		
CAMPER FIRST NAME:		Gender: Male Female
Date of Birth:	Y/M/D	Age:



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:

Health Care Number:	
Does this camper have any specific dietary needs or food allergies? Please specify any allergies that are severe or could cause anaphylaxis.	

Does this camper have any medications that they will be carrying on their person? (including epi-pens) Please specify.

Is there any other information we should know about the camper?



WAIVER / CONSENT

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

(please print child's name)

I hereby release Mulhurst Camp , 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 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 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 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: Programs@mulhurstcamp.ca

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