

New Life Gospel Church of EFC

Pathfinder Camp 2018 Registration Form

PERSONAL PROFILE:

Student Name:	Date of Birth: Y _____ M _____ D _____	Gender: F _____ M _____ Grade Completed in 6/2018: _____
Mother's/Guardian #1's Name:	Phone # (Day Time):	Email:
Father's/Guardian #2's Name:	Phone # (Day Time):	Email:
Address:		Home Phone #:
Emergency Contact Name:	Relationship:	Phone #:
Sibling(s) attending:		OHIP #:
Were you referred to this camp by another camper (if applicable)?		

Medical Information:	YES	NO
1. Is your child under the care of a physician for any on-going conditions?		
2. Does your child have any conditions that might limit participation in any activities?		
3. Does your child have any life threatening allergies?		
4. Does your child carry an EpiPen?		
5. Do you give Pathfinder Camp the permission to administer an EpiPen to your child when needed?		
If you answered "Yes" to any of the above, please provide details. Please use a separate sheet if needed.		

Your Home Church:	YES	NO
1. Do you want to be informed of our church programs and activities?		
2. Do you attend Sunday Worship regularly?		

REGISTRATION FEE (Please checkmark):

July 9-13 Camp Fee		\$100
Early Bird Discount, applicable only before May 31, 2017		\$80
Referral Discount		- \$20
Total Registration Fee		

Please return this page.

**New Life Gospel Church of EFC
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PLEASE READ CAREFULLY BEFORE SIGNING THIS REGISTRATION FORM.

1. I give permission to New Life Pathfinder Camp to use photos of my child taken during the camp for display.
2. I give permission for my child to participate in all camp activities, including all indoor programs and outings.
3. **I understand that this camp is a NUT-FREE environment and my child WILL NOT BRING any nuts or nut-containing foods into the camp.**
4. **I understand that my child needs to bring their own CUP/WATER BOTTLE, LUNCH and a HAT. (Please label your personal items. The camp is not responsible for loss or damage. The camp will provide two snacks each day.)**
5. I understand that if my child cannot come in on any day during the camp, I will have to call **(647)771-5390** to talk to someone on duty **or leave a message before 9:00 a.m.**
6. I understand and agree that New Life Gospel Church of EFC, its officers, directors, employees and volunteers are not responsible for any injury, loss or damage of any kind sustained by my child or other participants.
7. I understand that the camp officials will contact me in any emergency related to my child. I authorize the Camp First Aid Personnel to assist my child, in my absence, and to send them to the hospital Emergency Department as deemed necessary for their health and safety.
8. I understand that refund of \$20 will be given if I referred someone to the camp after payment.
9. I understand that cancellation of camp registration can be requested in writing with an explanation **before June 10, 2018**, and that a **\$20 Administration Fee will be deducted** from the refund of registration fee. **No refunds after June 10, 2018.**
10. I understand that should there be any changes or cancellation of camp activities/outings due to unforeseeable circumstances such as unfavorable weather conditions, there will be no refund of any camp registration fees.
11. I agree to reimburse the camp for any property damage caused by my child's own deliberate act.
12. I agree that the camp reserves the right to rule against the registration or participation of any campers when necessary and appropriate. In such an event, an explanation will be provided and a pro-rated registration fee will be refunded.

I HAVE READ, UNDERSTOOD AND ACCEPTED ALL OF THE ABOVE CONDITIONS.

Applicant's Name (Please print): _____

Relationship: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Date form received:	Amount Received Cash \$
Processed by :	Cheque #
Date of refund:	Amount of refund:
Processed by:	Refund paid to (print)
Remark:	Refund receiver signature:

Please return this page.

Jeremiah 33:3 Call to me and I will answer you and tell you great and unsearchable things you do not know.

耶利米書 33:3 你求告我,我就應允你,並將你所不知道、又大又難的事指示你。

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PLEASE NOTICE:

1. **Camp program hours:** 9:00am - 4:30pm
Drop off times: 8:30am - 9:00am
Pick-up times: 4:30pm - 5:00pm
2. Please call **(647)771-5390** before **9:00 a.m.**, if the camper cannot come on a certain day.
3. Bring the camper's own **CUP or a WATER BOTTLE, LUNCH** and a **HAT** during the camp. The camp will provide two snacks each day.
4. Please label the camper's personal items.

FEES, DISCOUNTS AND REGISTRATION INFORMATION:

1. **Camp Fee:** \$100.
2. **Early Bird:** \$80 before May 31, 2018
3. **Referral Fee:** - \$20
4. **You may submit your form(s) by:**
 - * Handing in the form and cheque to the New Life Gospel Church Of EFC office during business hours, Monday to Friday, 10:00 a.m. to 3:00 p.m.; or
 - * Mailing the form and cheque to the New Life Gospel Church of EFC at 2940 Markham Road, Scarborough, Ontario, M1X 1E6
5. An email confirmation will be sent to you by June 24, 2018 and a receipt will be provided to you by the end of the camp. If you have not received the confirmation email two weeks prior to the start of the camp, please contact **(647)771-5390**.

COPIES OF CONDITIONS THAT YOU HAVE AGREED AND SIGNED ON PAGE 2.

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Please keep this page for your information.