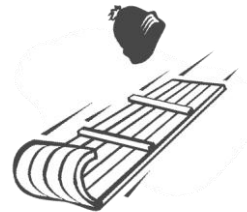




# Echo Lake Bible Camp

## February Flurry



February 17-18, 2012 – Ages 13-15

7:00 pm – 7:00 pm

### Registration Form

Complete **both sides** of this form and return it to Echo Lake Bible Camp with the full \$40 payment or the minimum \$10 non-refundable registration fee to ensure your spot at our exciting new *February Flurry* camp. Registrations are accepted on a first-come basis, so reserve your spot early!

Please contact our office if you have any questions:

**Echo Lake Bible Camp**  
**Box 137, Fort St. James, BC, V0J 1P0**  
**250-996-0227**  
**echolakebc@yahoo.ca**

#### OFFICE USE ONLY

Date Received \_\_\_\_\_  
 Camp \_\_\_\_\_  
 Payer \_\_\_\_\_  
 Pay Method \_\_\_\_\_  
 Amount Rec'd \_\_\_\_\_  
 Amount Owing \_\_\_\_\_  
 Date Confirmed \_\_\_\_\_

Payments can be made by cash or cheque made payable to "Echo Lake Bible Camp".

#### CAMPER INFORMATION

Camper's Name \_\_\_\_\_

Birthdate M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ Age at Camp \_\_\_\_\_  Male  Female

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent(s)/Guardian(s) with whom camper is living \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**In case of emergency, give the name and number of the person you would like notified if you are not available:**

Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

#### **What to Bring:**

- Sleeping bag and pillow
- personal care items (towel, toothbrush, etc.)
- Bible, pen, notebook
- Large, tough garbage bag
- Ski jacket
- Snow pants
- Winter boots
- Extra socks and gloves/mitts
- Sleds and toboggans



#### **What Not to Bring:**

- Valuables
- MP3, iPod, cell phone electronic game devices
- Lighters or matches
- Comics or magazines
- Knives
- Tobacco or drugs
- Alcohol

### MEDICAL INFORMATION

We collect this information to provide the best possible care for your child or teen. It is shared only on a need-to-know basis, and is treated with discretion and respect. Please be as honest and as thorough as possible.

Medical Insurance Number (BC Care Card, etc.) \_\_\_\_\_

Please indicate any special needs we should be aware of:

- |                       |  |                             |  |
|-----------------------|--|-----------------------------|--|
| Physical              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Social                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asthma                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Behaviorial                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Learning Disabilities | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emotional                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Food Allergies        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any limitations that would  |  |
| Medication Allergies  | <input type="checkbox"/> Yes <input type="checkbox"/> No | prevent participation in an |  |
| Special Diet          | <input type="checkbox"/> Yes <input type="checkbox"/> No | active program?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you have answered "yes" to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CAMP WAIVER AND CONSENT FORM

I, the parent/guardian of the above named camper, give my voluntary consent to his/her participation in activities at Echo Lake Bible Camp, and agree to all conditions of enrollment in this camp.

Furthermore, I authorize camp and medical staff to approve and obtain any and all medical attention in the case of medical emergency, with the understanding that reasonable precaution will be taken to ensure the health and safety of the above named. I understand that Echo Lake Bible Camp reserves the right to dismiss a participant who is, in their opinion, a hazard to the safety of themselves, or who appears to have rejected the reasonable guidelines of camp activities. I further understand that a camper dismissed under these circumstances is not entitled to a refund of their camp fees.

I, the parent/guardian, declare that the camper is in normal condition and habits and is amenable to necessary discipline.

- Yes No I permit the use of photos and/or videos of the applicant camper in promoting the camp or camp activities or programs.
- Yes No I would like to receive camp brochures and/or newsletters by mail.

Failure to disclose problems at the time of application could result in dismissal. Your privacy is important to us and the information on this form will only be used to ensure the health and safety of the person it applies to. We will never pass on your information to a third party without gaining your prior permission.

I have read all the information in the brochure, including the waiver and consent form and the registration form. I accept the conditions of enrolment with the full knowledge that this form with my signature may be used as a legal document in a court of law.



\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Echo  
Lake  
Bible  
Camp**

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