

2010 CAMP ABEGWEIT - Camper Registration Form

An ecumenical camp sponsored by The United Church of Canada, P.E.I Presbytery

Mission Statement

As a primary means of addressing our biblical calling, we minister to people of various ages and stages of life through the riches of camping experience. As a church committed to offering quality Christian education programs, we provide an environment of safety, love, and respect, where Christ's loving presence can be celebrated and shared.

Camper Information: _____ Returning camper _____ New camper

Camper=s Name: _____

Full Mailing Address: _____

Postal Code: _____ Telephone: _____ Cell: _____

Gender: Male Female Date of Birth: _____

School grade (In Sept. 2010): _____ Email: _____

How did you hear about Camp Abby? Friend Church School Other _____

Home church (if applicable): _____

If you like to be in a cabin with a friend, name your friend: _____

Swimming Ability: _____ Non-swimmer _____ Swimmer - What level? _____

T-Shirt Size:

Youth small Youth medium Youth large
 Adult Small Adult medium Adult large Adult X-large

Camping Weeks

Please give the dates of the camp(s) for which you are registering: _____

All camp dates are listed in the chart below. Note that early registration discounted rate.

Week of	Age/grade group/type	Length of camp	Registration Fee	Early registration Fee - paid by June 1
July 2-4	Family camp	Week-end	Adults \$60 each Age 14 and under - \$40 each Under 2 years of age free	Not applicable
July 7-9	Ages 5-7	3 days, one overnight	\$125 + \$ 6.25 GST = \$131.25	\$110 + \$ 5.50 GST = \$115.50
July 11-16	Ages 9-10	5 days	\$234 + \$11.70 GST = \$245.70	\$209 + \$10.45 GST = \$219.45
July 18-23	Ages 11-12	5 days	\$234 + \$11.70 GST = \$245.70	\$209 + \$10.45 GST = \$219.45
July 25-28	Ages 7-8	3 days	\$150 + \$ 7.50 GST = \$157.50	\$135 + \$ 6.75 GST = \$141.75
Aug. 1-6	Ages 12-13	5 days	\$234 + \$11.70 GST = \$245.70	\$209 + \$10.45 GST = \$219.45
Aug. 8-13	Ages 10-11	5 days	\$234 + \$11.70 GST = \$245.70	\$209 + \$10.45 GST = \$219.45
Aug. 15-19	Ages 8-9	4 days	\$170 + \$ 8.50 GST = \$ 178.50	\$150 + \$ 7.50 GST = \$157.50
Aug. 22-27	Teen camp (13-16)	5 days	\$234 + \$11.70 GST = \$245.70	\$209 + \$10.45 GST = \$219.45

Registration and Payment Process:

Register in one of the following ways:

- a) Obtain a registration form at <http://www.campabby.ca> , your local church or school. Complete this form and mail to the Voluntary Resource Centre (**address below**).
- b) Register directly on-line at <http://www.campabby.ca>

Payment Payment may be made by cash, cheque or credit card (Visa or Mastercard).

Payment cannot be made on-line.

Please indicate how you will be making payment:

- 1. By **cheque(s)** payable to **CAMP ABEGWEIT** , payable in one lump sum or in two installments- one half immediately and the balance by cheque post-dated prior to June 25.
- 2. By **Credit card:** Visa MasterCard
Card # _____ Expiry date: _____
OR telephone Sylvie Arsenault at the Voluntary Resource Centre, 902-368-7337 to give card numbers.
- 3. **By Cash** – to be delivered to the Voluntary Resource Centre
- 4. Do you require a receipt child care expenses?
 Yes No

5. **Send** registration form and/or payment to:

**Voluntary Resource Centre
81 Prince St. Charlottetown
PE C1A 4R3
Attention: Sylvie Arsenault**

A registration is considered complete when final payment, medical information and signed waivers are received at the VRC. As soon as all required information and payment has been received, your registration will be confirmed by the Voluntary Resource Centre.

Refund Policy - If your child does not attend camp after registering, the following policy regarding refunds will apply:

- < Notification within ten (10) days prior to your child=s scheduled camp, 80% refund.
- < After this deadline, no refund will be given. An appeal to this ruling may be made in writing to the Board for consideration by September 15 of that camping year.

Please note:

Our registration fees do not cover the costs of operating our camp. We depend upon donations from our churches, groups and individuals to help keep our prices reasonable so families are able to send their children to camp. **Any donation over \$10 will receive a tax receipt. We appreciate any support you can provide us to help sustain our camping program.**

Need additional Information?

For questions regarding your registration, call Sylvie at 902-368-7337 or email vrc@eastlink.ca. For further information about our camping program, contact Bob Lockhart at 902-859-3207 or email bob@spectrumsolutions.com or Garth Cousins at 902-436-0458 or by email at garthcousins@hotmail.com

2010 Contact Information, Medical Form, and Waivers CAMP DATES: _____

1. Contact Information:

Camper's name: _____ Medicare number: _____
Camper's family Doctor: _____ Telephone: _____

Father/guardian=s
name _____
Work number(s): _____ Home/Cell: _____

Mother/guardian=s name:

Work number: _____ Home/Cell: _____

Alternate Emergency Contact:
In the event that none of the persons listed above can be reached, please give the name of an emergency contact: Name: _____ Phone contacts: _____
Relationship to the camper: _____

Is there a joint custody arrangement or other custodial information that the Administrator needs to be aware of? If so please give details _____

If anyone other than the parent/guardian will be picking up the camper, please indicate who has permission to transport the camper from Camp? _____

2. Medical Information

The Camp Administrator requires the following information to ensure that your son or daughter has a safe camping experience and that camp staff responds appropriately in any emergency situation. **Any information provided is confidential and shared only on a need to know basis.**

a. My child is able to participate in an active program without limitations. YES / NO
If NO, please describe your child's limitations _____

b. Has your child been homesick when away from home overnight? YES / NO

c. Please list and describe, if necessary, all chronic or recurring conditions such as bronchitis, convulsions, concussions, asthma, fainting, ADHD/ADD, heart disease, diabetes, headaches, bedwetting, menstrual problems, sleep walking, or ear infections.

d. Does your child have any allergies or allergic reactions? YES/NO
If YES, please describe _____

Does your child carry an Epi-pen? **YES /NO**
If YES, What is your child allergic to and what response is required?

e. Date of last tetanus shot: _____

3. Medication:

Will your child be required to take any medication while at camp? **YES / NO**

If your child is required to take medication while at camp, it is to be given to the Camp First-Aid Coordinator upon arrival at camp. A nurse is on call for each camp; however, all medication will be administered by the camp’s First Aid Coordinator. All medication is kept in a locked cabinet and will be administered according to parent/guardian’s instructions as indicated below.

Please list any medication(s) your child will be bringing to camp. Upon arrival at camp, meet with the First Aid Coordinator to provide all required details regarding the administration of this medication.

4. Special Needs (VERY IMPORTANT)

If your son/daughter requires additional supports while attending school, while at camp he/she may also require additional support to have a successful camping experience. The camp administrator would be pleased to meet with you prior to the beginning of camp so that adequate preparation can be made for your child. Please describe any extra support which you feel that your child will need while at camp:

5. Parental/Guardian Consent:

a. Emergency medical response:

Experience has shown that in conjunction with camp week activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. I hereby indicate my permission for the official in charge or his/her deputy to make necessary arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

I, the undersigned, after having read, understood and completed the above hereby give my permission for my child/ward to attend and participate in all camp week activities.

Date: _____ Signature: _____

b. Minor medication: Camp Abegweit Minor Medication Permission Waiver

I, the undersigned, give permission for ibuprofen (commonly known as Advil), acetaminophen (commonly known as Tylenol), diphenhydramine hydrochloride (commonly known as Benadryl), cough drops, or Anti-acid to be administered to my child/ward by the First Aid Coordinator or designate if necessary.

Date: _____ Signature: _____

c. Photo Release: Camp Abegweit promotes its programs through the use of printed material and the camp’s web-site. To do this it is necessary to have photographs of campers participating in various activities or samples of writing or crafts. Please advise us if you are willing to have your child’s/ward’s photograph, voice, writing or craft used for the promotion of Camp Abegweit. The names of campers will not be used.

I give my permission for my child’s photograph, writing or art work to be used for purposes related only to the project described above.

Date: _____ Signature: _____

It is my responsibility as a parent to provide the camp director with all pertinent information and to update this information when my child registers on opening day of his/her camp.