



WILLOW CREEK YOUTH CAMP REGISTRATION FORM - 2011

WILLOW CREEK BAPTIST CHURCH (705) 721-9536
www.willowcreekyouthcamp.com

CAMPER INFORMATION: Please print information clearly and completely

First Name: _____ Known As: _____ Last Name: _____ Male Female
 Mailing Address: _____ Shirt sizes: Youth: YSm YMd YLg
 City _____ Prov. _____ Postal Code _____ Home Phone _____ Adult: ASm AMd ALg AXlg
 Birth Date: D ___ M ___ Y ___ Entering Grade _____ New Camper at Willow Y N Camper Swims? No Shallow Deep

PARENT/GUARDIAN INFORMATION: Email _____ Camper Parent

First Name _____ Last Name _____ Home Phone (if different from camper's) _____
 Address (if different from camper's) _____

EMERGENCY CONTACTS: (Please list phone numbers where you and/or an authorized caregivers can be reached the week your child is in Camp)

Name of Primary Contact: _____ Relationship to camper _____
 Daytime Phone numbers _____ Ext _____ and/or Cellular Phone _____
 Name of another contact: _____ Relationship to camper _____
 Daytime Phone numbers _____ Ext: _____ and/or Cellular Phone _____

Sibling(s) Attending Camp (please indicate whether brother/sister)

 Name of one friend your camper would like to be placed with:
 (same grade only please) _____
 We attend church: Seldom Occasional Regular Do Not Attend
 Church denomination if you attend: _____
 (Example: Baptist, Anglican, Roman Catholic, Muslim, etc.)


MEDICAL INFORMATION:

Does this child have medical problems, allergies or medications that we need to know?

No Yes - (if yes, please specify):

RELEASE:

I hereby give my permission for _____ (youth's name) to participate in all Willow Creek Youth Camp activities and to receive medical treatment, if necessary. I hereby release Willow Creek Baptist Church and all Youth Camp Staff from all liability. I also give permission for pictures of my child to be taken and used for Youth Camp promotion.
 Name of parent or guardian (please print) _____ Signature _____

	<u>Dates</u>	<u>Times</u> <i>*Please note highlighted time changes*</i>	<u>Cost</u>
RUSH Gr. 6-8	Aug. 2-5 Tues. – Fri.	9am - 4pm *8:30-6pm Fri.*	\$ 195.00
ENERGY Gr. 6-8	Aug. 2-5 Tues. - Fri..	9am - 4pm *8:30-6pm Fri.*	\$ 195.00
FUSION Gr. 6-8	Aug. 2-5 Tues.—Fri.	9am-4pm *8:30-6pm Fri.*	\$ 195.00
IGNITE Gr.9-12	Aug. 23-25 Tues.-Thurs.	10am-9pm *8:30-9pm Thurs.*	\$195.00(incl HST)

Refund Policy:

March - full,
 April - 75%,
 after May 1st - **none**

Amount due (as indicated above) \$ _____ Date _____

Paid by: Cash Cheque Rec'd by _____
 (make payable to Willow Creek Baptist Church)

Reg.# _____

Camp _____
OFFICE USE ONLY

Discounts: Family Discount: There is a \$20 discount for 3rd and following children from the same family.