



# WILLOW CREEK YOUTH CAMP REGISTRATION FORM - 2012

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 \_\_\_\_\_ to participate in all Willow Creek Youth Camp activities  
 (camper's name)  
 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>
<b>NEW!! 5 Day Camp</b>			
<b>RUSH</b> (entering Gr. 6-8)	July 30 - August 3	9am - 4pm <i>*8:30am -6pm Fri.*</i>	\$ 195.00
<b>ENERGY</b> (entering Gr. 6-8)	July 30 - August 3	9am - 4pm <i>*8:30am -6pm Fri.*</i>	\$ 195.00
<b>FUSION</b> (entering Gr. 6-8)	July 30 - August 3	9am - 4pm <i>*8:30am -6pm Fri.*</i>	\$ 195.00
<b>EXPRESS</b> (entering Gr. 6-8)	July 30 - August 3	9am - 4pm <i>*8:30am -6pm Fri.*</i>	\$ 195.00

**Refund Policy:**

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

Camp Cost \$ \_\_\_\_\_  
 Discount - \$ \_\_\_\_\_  
 TOTAL = \$ \_\_\_\_\_

Paid by: \_\_\_\_\_ Date \_\_\_\_\_  
 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.