



# Registration Form

## Weekly Camps

(ages 6-14, grades 1-8) fee \$400 + \$52.00 HST

WEEK 1	July 11 - 17
WEEK 2	July 18 - 24
WEEK 3	July 25 - 31
WEEK 4	August 1 - 7
WEEK 5	August 8 - 14
WEEK 6	August 15 - 21
WEEK 7	August 22 - 28

## Special Camps

Companions on a Journey (Senior Camp 1) (grade 8 graduates)	July 11 - 24	\$850 + 110.50 HST
Companions on a Journey (Senior Camp 2) (grade 8 graduates)	July 26 - Aug. 8	\$850 + 110.50 HST
LIT Year 1 (completed grade 9)	July 11 - 31	\$1,300 + \$169 HST
LIT Year 2	July 11 - 31	+ \$169 HST
LIT Year 1 (completed grade 9)	August 8 - 28	\$1,300 + \$169 HST
LIT Year 2	Aug. 8 - 28	\$1,300 + \$169 HST

Huron Church Camp **does not** have a stay-over program between one week camps.

find out more about camp programs and our theme **UBUNTU ... I am because we are**

consider online registration

by going to

[www.huronchurchcamp.ca](http://www.huronchurchcamp.ca)

... or fill out this form and mail to

Huron Church Camp  
190 Queens Ave  
London ON N6A 6H7

Phone 519-434-6893 ext 217  
[huronchurchcamp@gmail.com](mailto:huronchurchcamp@gmail.com)

**CAMPER NAME:** Last \_\_\_\_\_ First \_\_\_\_\_

Birthdate: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Gender:  Male  Female

Current Grade \_\_\_\_\_

Camper Address: Unit \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

**FAMILY INFORMATION** (Persons lived with)

**1** Name: Last \_\_\_\_\_ First \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from above):  
Unit \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Cell/Pager ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**2** Name: Last \_\_\_\_\_ First \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from above):  
Unit \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Cell/Pager ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT (MUST BE COMPLETED):**

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

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

Other emergency contact information (if needed) : \_\_\_\_\_

Relevant custodial information (if applicable): \_\_\_\_\_

**CAMPER INFORMATION DETAILS**

Cabin Mate Request (We'll do our best!)  
Cabin Mate Name: \_\_\_\_\_

Allergies or Special Needs (attach note if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

Permission granted to photograph camper for possible publication in Huron Church Camp promotion flyers, brochures, Huron Church News and website. If names are to be published further permission will be sought.  
 Yes  No \_\_\_\_\_ NB: please initial

**HCC wants to save a tree!**

... and a postage stamp. We will send your confirmation direct to you by email.

Your email address goes here:  
\_\_\_\_\_

**Conditions of Enrolment – Please read carefully!**

Every precaution is taken for the safety and good health of our campers, but in the event of an accident or illness, the Camp Director and Camp Staff and Committees are hereby released from any liability.

Each camper must be covered by OHIP or equivalent health insurance and provide a copy of the health card at registration.

In the event that a camper requires special medication, x-ray or treatment beyond that which is possible at camp, every possible effort will be made to notify parent(s)/guardians(s) immediately. Charges for additional transportation or special care will be directed to the parent(s)/guardian(s). In case of medical emergency, the physician selected by the Camp Director, will hospitalize, secure proper treatment for, order injection, anaesthesia or surgery for the camper.

**NOTE: THE CAMP DIRECTOR reserves the right to dismiss a camper who, in the Director's opinion, is a risk to the safety or rights of others, or who has rejected reasonable camp controls.**

Your signature above constitutes your permission for medical treatment as outlined and compliance with the conditions of enrolment.

\_\_\_\_\_ Please Initial

**SESSION APPLIED FOR** (eg Week 1 or LIT, year 2)

Dates \_\_\_\_\_ Fee \_\_\_\_\_

**Tuck shop** \$8.00 per week \_\_\_\_\_

**Family Discount** (2 or more children from same family ) **Subtract \$10 each** \_\_\_\_\_

**TOTAL PAYABLE:** \$ \_\_\_\_\_

**PAYMENT PLAN** - Make cheques payable to "Huron Church Camp" in Canadian funds.

I am enclosing full payment of \$ \_\_\_\_\_

Cheque  Money Order

Credit Card  Visa  MasterCard

Card Number \_\_\_\_\_

Expiry \_\_\_\_\_

Print name on credit card: \_\_\_\_\_

Signature: \_\_\_\_\_

**I want to use the Extended Payment Plan.** I understand that full payment is due the day my child starts camp and that the deposit is NOT refundable. I am enclosing a deposit of \$75/camper plus \_\_\_\_\_ post dated cheques for \$ \_\_\_\_\_ for a total of \$ \_\_\_\_\_. (Please send all cheques at the same time)

**I need financial assistance.** I can pay \$ \_\_\_\_\_ myself. For more information about my request, please contact my rector/pastor, doctor or social worker. Contact information follows. My signature below indicates permission to contact the individual/organization indicated.

**FINANCIAL ASSISTANCE CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

Phone (Work): ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**I agree to the Conditions of Enrolment and certify that all information provided on this form is current and accurate.**

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

Date: \_\_\_\_\_