

FOOTHILLS CAMP

"A PLACE WHERE YOU BELONG"

Name: _____ E-mail: _____

Mailing Address: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____

Gender: M F Age: _____ Birthdate: (MM/DD/YY) (___/___/___) First time at Foothills Camp? Yes No

Your church/denomination: (if applicable): _____

Invited by a friend? Please indicate their name: _____

How did you hear about Foothills Camp?: _____

Please circle which camp you are registering for: *(Prices do not include GST)*

Regular Camps:	Date	Ages	Price
Adventure Camp	Jul. 23 - 30	6-10	\$280
Junior Camp	Jul. 30 – Aug. 6	10-13	\$290
Teen Camp	Aug. 6 - 13	13-17	\$290
Family Camp	Aug. 14 - 20	ALL	(See www.foothillscamp.org for pricing)

Specialized Camps:	Date	Ages	Price
Camp For The Visually Impaired	Jul. 2 - Jul. 9	ALL	\$40
Horsemanship Camp <i>(Riding Experience Required)</i>	Jul. 9 - 12	13-17	\$310
Water Sports Camp	Jul. 9 - 12	13-17	\$310
Sherwood Forest I	Jul. 23 - 30	9-12	\$310
Sherwood Forest II	Jul. 30 – Aug. 6	10-13	\$310
Sherwood Forest III	Aug. 6 – 13	10-14	\$310

Choose Your Activities!

Junior & Teen Camp Choices Only

Activities

Horsemanship
Swimming
Tumbling
Archery
Water Sports *(double session)*
Skateboarding
BMX Bikes
Speed Stacking
Drama
Floor Hockey
Basketball *(Teen Camp Only)*
Beach Volleyball

Crafts

Ceramics
Rocketry
Mosaics
Glass Etching
Creative Crafts
Candle Making

Life Adventure Activities

Adventure Challenge
High Ropes *(double session)*
Pioneering/Survival
Hot Topics *(Teen Camp Only)*
(For descriptions of each activity, please go to www.foothillscamp.org)

Adventure Campers

Choose Four (4):

- Speed Stacking
- Water Sports
- Horsemanship
- Creative Crafts
- Skateboarding
- Swimming
- Tumbling
- Beach Volleyball
- Team Sports
- Nature
- Adventure Challenge

List 2 choices for each activity period

First Choice

1. _____
2. _____
3. _____
4. _____

Second Choice

1. _____
2. _____
3. _____
4. _____

Discounts - Maximum of 1 discount per person, if applicable

- Plan A: First Time** 20% off any one 2017 camp.
- Plan B: Friendship Discount** 10% off for each 1st time friend accompanying you to the same camp (for only one camper per group of friends). Friend's name(s): _____
- Plan C: Family Discount** 1st Family Member: Full price. 2nd Immediate Family Member: 20% discount
3rd Immediate Family Member (and subsequent) 30% discount
- Plan D: Multi-Camp Discount** 1st Camp: Full Price. 2nd Camp: 10% Discount

Camp Gear Packages Available

- Bronze: \$22** - 1 Camp T-shirt & 1 Camp DVD
- Silver: \$30** - 1 Camp T-shirt, 1 Camp DVD & 1 Photo CD
- Gold: \$55** - 1 Camp T-shirt, 1 Camp DVD, 1 Photo CD & 1 Camp Hoodie

Please select the size t-shirt and/or hoodie needed

T-shirt size: Youth or Adult? _____ - S M L XL

Hoodie size: Youth or Adult? _____ - S M L XL

Financial Worksheet

Camper Fee	\$ _____	
Less Discount	\$ _____	-
Discount Plan: _____% <i>(See discount options on previous page)</i>		
Camp Gear Package (optional)	\$ _____	+
Sub-Total	\$ _____	
Camp Store Money (optional)	\$ _____	+
Donation to Needy Camper Fund (optional)	\$ _____	+
Total Fees	\$ _____	=
Less payment made now (minimum \$100 non-refundable deposit)	\$ _____	-
Remaining Balance	\$ _____	

Payment Information

- Cheque
 Visa
 Mastercard
 Cash
 Money Order
- Credit Card#: _____
- Expiry Date: _____
- Issuing Bank: _____
- Name on card: *(please print)* _____
- Signature: _____

Please make cheques payable to Foothills Camp

Medical Information

Camper's Name: _____ Health Care #: _____ Province: _____

Parent/Guardian Name: _____ Home Phone: _____ Cell: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

List any current medications:

Medication	Dosage	Route	Time	Self-admin.?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any allergies: _____

Is Tetanus Immunization current? Yes No

Does the Camper have difficulty with any of the following:

Asthma? Yes No Epilepsy? Yes No Diabetes? Yes No Bed Wetting? Yes No Other? Yes No

****At registration, please notify the camp nurse or administration if the camper has been exposed to any communicable disease in the two weeks prior to attending camp.**

****To provide a healthy environment for your child, a trained staff will check each camper for head lice. If necessary, staff will discreetly wash hair with treated shampoo.**

****Medical Consent: Signature Required Below**

I hereby grant permission to the Camp Nurse or their designated First Aider to administer the above listed prescription or non-prescription medications. I further authorize the use of over the counter medications that they may deem needed during by child's stay.

****Medical Consent: Signature Required Below**

In case of emergency, I give permission to the Physician (selected by the Camp Director, Camp Nurse, or other available Camp Representative) to secure proper care, such as hospitalization, x-ray, or other treatment as they deem necessary.

Parent or Guardian Signature: _____ Date: _____

Foothills Camp Activity Program Consent and Release Form

I consent to allow my child to participate in activities taking place at Foothills Camp. I realize that the activity program can involve risks and as such I release Foothills Camp, the Alberta Conference and its officers and directors from any responsibility for injuries sustained while involved in the activity program of the camp as well as incidents beyond the control of the camp staff.

The Alberta Conference Youth Department frequently uses photographs of persons participating in planned events in advertising and promotional material. We make every attempt to use pictures that do not give full identification. If you **do not** wish yourself/your child to appear in our advertising, please check the box.

If the attendee is below 18 years of age, this form must be signed by a guardian or parent.

Signature: _____ Date: _____

Parent or Guardian Name: *(If applicable)* _____