



Calvary Temple Camp 2010

Camp Purpose

Calvary Temple Camp was founded and continues to operate so that boys and girls, men and women might be introduced to Jesus Christ and become established in a personal relationship with him.

Calvary Temple Camp is staffed by trained and dedicated Christian workers who are committed to the spiritual, physical and social development of each and every one of the campers.

Each and every camper is expected to participate in the daily activities of the camp. This includes chapel sessions, group activities, sports, and many other exciting camp activities.

Terms and Conditions

- 1) Calvary Temple Camp has the right to dismiss any camper who is uncooperative or inconsiderate of the other campers and staff.
- 2) I am the legal Custodian over my child. I recognize for the safety of all campers and staff, only Calvary Temple Camp Staff are permitted on the camp grounds. I have the option of dropping off/picking up my child at the Red Rock Lake site and am welcome at that time to meet the staff. Neither myself nor any other member of my family or friends will be visiting my child at camp.
- 3) I recognize that the safety of my child is of the utmost concern at Calvary Temple Camp and that every precaution is taken to ensure the well being of everyone on the camp site. I, therefore, release Calvary Temple Camp, its directors and staff members from any and all liability in the event of an illness, accident or misfortune that may occur to my child
- 4) I authorize the Camp Director or his designate to arrange for necessary medical attention for my child's good health. Parents/Guardians will always be notified of any emergency as soon as possible.
- 5) For promotional purposes, we reserve the right to use various forms of media of those attending camp
- 6) I have read this application form in full and I accept these terms and conditions of enrollment

X _____ Date _____
 Parent/Guardian Signature: _____
 Registration Fee enclosed Full Payment Enclosed

Camp Fees

\$ 35 Registration Fees: \$35 for all Camps
 \$ _____ Camper Fees : Mini Camp Fees \$35 Weeks 2-7 Fees \$105
 Edge Fees \$180
 \$ _____ Total Fees

Camp Fees are due and payable three weeks in advance of your child's camp starting date. Applications are accepted on a First Come-First Served basis. When the Calvary Temple Camp Office receives your application, a letter of confirmation outlining transportation and articles to bring will be sent to you.

Please Remember that your Registration Fee **MUST** accompany the registration or else your child will not be registered for camp. Upon confirmation the Registration Fee is non-refundable.

Camp Schedule

(please circle your choice)

<u>Camp</u>	<u>Ages</u>	<u>Dates</u>
1) Mini Camp (Co-Ed)	K-Gr. 2	July 7 - 10
2) Junior Girls	8-11	July 11 - 17
3) Intermediate Girls	10-12	July 18 - 24
4) Senior Girls	13-16	July 25 - 31
5) Junior Boys	8-11	Aug 1 - 7
6) Intermediate Boys	10-12	Aug 8 - 14
7) Senior Boys	13-16	Aug 15 - 21
EDGE (Co-Ed)	15-16	July 1 - 11

EDGE - Equipping Disciples of God for Eternity

Edge is a dynamic leadership program for 15-16 year olds who are looking to be trained in Christian leadership.

Mail to: The Registrar Calvary Temple Camp 400 Hargrave St. Winnipeg, MB R3B 3A8



Registration:

Camper:

Name: _____ Sex: _____ Age: _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone # _____
 Campers birth date: _____
 Cabin mate request: _____

Parent/Guardian:

Name: _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____

Alternative Emergency Contact:

Name: _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____



Health Care

Manitoba Medical #: _____
 Personal Medical #: _____
 Please list all medications to be taken at camp? _____

Please list any Allergies affecting your child (drugs, food, insects, bees, Etc)

Campers Doctor: _____
 Doctors Phone: _____

Please Circle any Medical conditions which may apply to your child:

- | | |
|--------------------|-------------------|
| Frequent headaches | Epilepsy/Seizures |
| Heart Disease | Arthritis |
| Hay Fever | Asthma |
| Frequent Colds/Flu | Ear Infections |
| Sore Throat | Stomach Aches |
| Motion Sickness | Diarrhea |
| Constipation | Bed Wetting |
| Sleep walking | |

Please Provide Details of any circled conditions: _____

Is there any other medical Conditions we should be aware of: _____

All Medications other than emergency medications such as puffers, epi-pens, etc will be stored in the nurses station. All camper medications must be handed in at the time of registration . Any remaining medications can be picked up from the staff attendant upon return to Winnipeg.

The camp does have a small supply of over the counter medications such as Acetaminophen, gravol, ibuprofen etc. to be given to campers when it is deemed medically necessary in the nurse's professional opinion.

Please Note: Due to recent public health concerns any camper who develops flu like symptoms will be sent home immediately.

By Signing below I give the Camp Nurse permission to administer the above medications at their professional discretion.

Parent/Guardian (please Print) _____
 Signature: _____ Date: _____