



2016 SUMMER CAMP REGISTRATION FORM

To register, please complete a registration form and send to Camp Jubilee via e-mail, mail or fax. Faxed and/or e-mailed registrations will only reserve your spot for 1 week until payment is received. **Please complete a separate form for each child.**

CAMPER NAME: _____

DATE: _____

CAMP	DATES		SESSION	COST
Session 1	Friday July 8 – Thursday July 14, 2016	<i>for ages 9-12</i> (7 Days)	FULL	\$599 (+29.95 GST)
Session 2	Friday July 15 – Thursday July 21, 2016	<i>for ages 8-16</i> (7 Days)	<input type="checkbox"/>	\$599 (+29.95 GST)
Session 3	Friday July 22 – Thursday July 28, 2016	<i>for ages 8-16</i> (7 Days)	<input type="checkbox"/>	\$599 (+29.95 GST)
Session 4 ** Project ESCAPE**	Friday July 29 – Wednesday Aug 3, 2016	<i>for ages 8-16</i> (6 Days)	FULL	\$599 (+29.95 GST)
Session 5	Friday Aug 5 – Thursday Aug 11, 2016	<i>for ages 8-16</i> (7 Days)	<input type="checkbox"/>	\$599 (+29.95 GST)
Session 6	Friday Aug 12 – Thursday Aug 18, 2016	<i>for ages 8-16</i> (7 Days)	<input type="checkbox"/>	\$599 (+29.95 GST)
Session 7	Friday Aug 19 – Monday Aug 22, 2016	<i>for ages 8-16</i> (4 Days)	<input type="checkbox"/>	\$349 (+17.45 GST)
Leader In Training	Friday Aug 5 – Thursday Aug 18, 2016	<i>*must be 15 – 16</i> (14 Days)	<input type="checkbox"/>	\$1098 (+54.90 GST)
Counselor in Training	Friday July 8 – Thursday July 28, 2016	<i>*must be 16 – 18</i> (21 Days)	<input type="checkbox"/>	\$1298 (+64.90 GST)

All prices include a FREE Camp Jubilee T-Shirt! Please select your camper's T-shirt size:

FREE Camp Jubilee T-SHIRT	Youth M	Youth L	Youth XL	Adult S	Adult M	Adult L	Adult XL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For more Camp Jubilee Apparel options, visit www.campjubilee.ca

PAYMENT (Please make cheques payable to "Camp Jubilee")

SUMMER CAMP FEES \$ _____

GST \$ _____ (5% GST)

DONATION TO CAMPSHIP FUND \$ _____ optional

EARLY BIRD DISCOUNT - \$ _____

(SAVE \$10!) if registered by May 1 / 2016

SIBLING DISCOUNT - \$ _____ ***1 per family**

(SAVE \$10! -all registrations must be received at one time)

TOTAL COST \$ _____ ☐ Full payment included OR Deposit amount \$ _____ + Post Dated Cheques \$ _____

***A minimum of \$150.00 deposit is payable upon registration.** Balance of all camp fees may be paid by post-dated cheques which **must be received upon registration.** You may send up to 3 post-dated cheques. **The last post-dated cheque must be dated 2 weeks prior to the start of the camp session.** If you would like to pay by credit card, please call our office.

****If you are applying for a Campership, please attach your completed Campership Application and copies of required proof of income.**

Please send completed form and payment to:

Camp Jubilee

2706 Spring Street Port Moody BC V3H 0G1

604-937-7388 phone

604-937-7322 fax

info@campjubilee.ca

www.campjubilee.ca

CAMPER & PARENT AGREEMENT

Both the parents and camper have discussed the upcoming camp experience. The camper understands and commits to fully participating in camp activities. The camper will follow safety directions and refrain from behaviour which is harmful to themselves or others. In addition, the parent understands and supports Camp Jubilee's policy that prohibits possession or use of tobacco, alcohol or non-prescription drugs and understands use of these substances or other abusive behaviour is cause for dismissal without refund of camp fees.

Camper Signature: _____

Parent/Guardian Signature: _____

AUTHORIZATION (NOTE: A "Participant Informed Consent Form" must also be completed & will be included in your Camp Confirmation Package)

I/we grant permission for our child named above to take part in Camp Jubilee's Summer Camp and I/we agree to assume financial responsibility in case of injury or accident arising out of such event. In case of injury or illness, I/we authorize Camp Jubilee staff to administer treatment, and in such case, it is understood that Camp Jubilee is not responsible for medical costs. Photo/Video Release: I/we give permission to use my child's photo/video in any Camp Jubilee promotional material (i.e. newsletter, social media or other related publication).

Date: _____

Parent/Guardian Signature: _____

CAMPER INFORMATION (Please print legibly)

First Name: _____ Last Name: _____ ☐ Male ☐ Female
Date of Birth: _____ (month/day/year) Age at Camp: _____ Birthday at Camp: ☐ Yes ☐ No
Camper's Email: _____
Street Address: _____ City: _____
Province: _____ Postal Code: _____ Home Phone: _____
Parent/Guardian #1: _____ Work #: _____ Cell #: _____
Email: _____
Parent/Guardian #2: _____ Work #: _____ Cell #: _____
Email: _____
Emergency Contact (*other than parent): _____ Emergency Contact's Relationship to camper: _____
***We only contact the Emergency Contact Person when we cannot get in touch with a parent/guardian. Please ensure your emergency contact person is aware that your child is at camp.**
Emergency Contact's Home Phone #: _____ Cell #: _____
Custody (mother/father/both/other): _____
Please list first & last names of who is authorized to pick up your child (*INCLUDING yourself): _____

Name of School: _____ Entering Grade (September 2016): _____
Personal Health Number (Care Card #): _____ Doctor: _____ Phone: _____

CAMPER EXPERIENCE & INTERESTS

Cabin Request: If possible, my child would like to be in the same cabin as (must be the same age & gender):
1. _____ 2. _____
Has your child been to Camp Jubilee before? ☐ No ☐ Yes If so, when _____
Child's sleeping habits ☐ Sleep walker ☐ Nightmares ☐ Bed wetter ☐ No sleeping concerns ☐ Other: _____
Does your child have any fears/concerns (i.e. dark, water, etc) _____ Swimming Level: _____
What things would **YOU** like your camper to accomplish at camp? _____
What things would **YOUR CHILD** like to accomplish at camp? _____

CONFIDENTIAL HEALTH INFORMATION

Are all immunizations current? _____
Please list any medications being taken to camp and their specific directions for use:
Medication _____

My child is allergic to: _____ Severity of Allergy _____ Treatment _____
_____ Severity of Allergy _____ Treatment _____
Is your child under any treatment/medication for any condition or injury? ☐ No ☐ Yes If so, please explain _____

Has your child been medicated for ADD/ADHD during the last 12 months? ☐ No ☐ Yes
In order to make your child's summer camp experience a positive one, please let us know if your child has any **behavior / social / emotional** challenges: _____

Please provide us with any information about your child that you feel will assist us (i.e. tips/strategies that work for you). _____

Does your child have any special dietary requirements? ☐ Vegetarian ☐ Pork Free ☐ Beef Free ☐ Gluten/Wheat Free ☐ Egg Free ☐ Nut Free
Other: _____

Let us know how you heard about us (i.e. friend, school, newspaper, etc) _____

PRIVACY STATEMENT: Camp Jubilee Retreat and Conference Centre and Indian Arm Management Services Ltd. respects your privacy. We protect your personal information and adhere to all legislative requirements to protecting your privacy. We do not rent, sell or trade our mailing lists. We use your personal information to provide programs/services and to keep you informed and up-to-date on Camp Jubilee activities including programs, services, funding needs, volunteer opportunities or provide support through periodic communication. If at any time you wish to be removed from any of these types of contact or receive a full copy of our privacy statement, simply notify us by phone or in writing and we will gladly accommodate your request.