

# Camp Kinasao 2019 Summer Registration Form

- |   |                  |        |
|---|------------------|--------|
| <input type="checkbox"/> Celebration Weekend.....     | June 21-23.....  | Free!! |
| <input type="checkbox"/> Prime Time.....              | June 23-26.....  | \$175  |
| <input type="checkbox"/> Week in the Wild Lev 1.....  | June 30- July 5  | \$325  |
| <input type="checkbox"/> Youth 1.....                 | June 30 – July 5 | \$325  |
| <input type="checkbox"/> Jr Youth 1.....              | July 7-12.....   | \$325  |
| <input type="checkbox"/> Week in the Wild Lev 3.....  | July 7-12.....   | \$325  |
| <input type="checkbox"/> Teen .....                   | July 14-19.....  | \$325  |
| <input type="checkbox"/> Week in the Wild Lev 2.....  | July 14-19.....  | \$325  |
| <input type="checkbox"/> Day.....                     | July 22-25       | \$185  |
| <input type="checkbox"/> Mini.....                    | July 30-Aug      | \$225  |
| <input type="checkbox"/> Paul River Fly in Canoe Trip | July 27-Aug      | \$900  |
| <input type="checkbox"/> Youth Leadership Training... | Aug 4-9.....     | \$325  |
| <input type="checkbox"/> Skills.....                  | Aug 4-9.....     | \$325  |

Credit Card processing costs 3%/transaction. If possible, cheque or e-transfer are preferred. If you would like to make a donation to cover the additional fees, please indicate in the fee calculation. Donations over \$10 will receive a receipt.

**PAYMENT OPTIONS:** e-transfer to kristi@kinasao.ca, mail in cheque to Camp Kinasao or by entering your Visa/Mastercard info below:

Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_  
 I authorize payment of **full camp fee** on my credit card:  
 Signature: \_\_\_\_\_

**SKILLS** – If registering in **Skills Camp**, choose from:  
 \_\_\_ Music & Drama \_\_\_ Athlete \_\_\_ Horsemanship

If registering in **Mini, Jr Youth or Youth**, number your first 4 choices (1-4 with 1 being most preferred)  
 \_\_\_ Archery \_\_\_ Sports \_\_\_ Drama \_\_\_ Water Games  
 \_\_\_ Crafts \_\_\_ Canoe \_\_\_ Kayak \_\_\_ Outdoor Survival

**T-SHIRT**

Please circle your shirt size

**Youth:** XS S M L XL

**Adult:** S M L XL XXL

**FEE CALCULATION**

Registration Fee	
Family Discount 10% off 2 <sup>nd</sup> child, 20% off 3 <sup>rd</sup> child, 30% off 4 <sup>th</sup> child etc.	-
\$10 Early Payment If paid in full by May 1	-
\$25 Late Pay. Fee If paying less than 14 days prior to start date	+
<b>SUBTOTAL</b>	=
<b>GST 5%</b>	+
<b>Canteen Deposit</b>	+
<b>Donation</b>	+
<b>TOTAL DUE:</b>	=
<b>Minimum \$50 non-refundable deposit must accompany form.</b>	

**CAMPER INFORMATION**

Camper Name: \_\_\_\_\_ Parent/Guardian Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Birthdate: MM / DD / YYYY Gender: \_\_\_\_\_ Cabin Mate Request (max. 2): \_\_\_\_\_  
 Email: \_\_\_\_\_

I give my permission for any photographs or videos of camp activities which may include my child to be used in camp promotional materials, brochures and website. YES NO Parent/Guardian Signature: \_\_\_\_\_

**Registration and Payment Details**

Complete a separate registration & health form for each camper and return to the camp office. A non-refundable deposit of \$50 per registration must be included.

**FULL PAYMENT POLICY:** Full payment is due 14 days prior to the start of each program. Payments made less than 14 days prior will be subject to a \$25 last minute fee.

**CANCELLATION AND REFUND POLICY:** Notice of cancellation must be received at least 14 days prior to the camp start date to receive a refund.

**FAMILY DISCOUNT:** An additional 10% off is given for each additional child in the same immediate family. **1<sup>st</sup> child is full price.**

**EARLY REGISTRATION BONUS:** A \$10 discount is available for all summer registrations paid in full by May 1

**CAMPERSHIP:** Financial Assistance may be available for those in need – contact kristi@kinasao.ca.

**ALLERGIES/DIETARY NEEDS:** Indicate allergies on med form prior to camp. To protect those with allergies, do not send any snack items with your child.

**ELECTRONICS POLICY:** We ask that campers do not bring electronics such as cell phones, music players or gaming devices with them to camp so they can experience camp and the natural fun it has to offer.

**CANTEEN DEPOSIT:** Campers can spend up to \$3/day in the canteen. You can deposit money directly into the canteen before camp starts by including it in your payment. This money can also be spent on Kinasao merchandise during drop off or pick up.

**Kinasao Lutheran Bible Camp**

Office: 306-982-3327 Fax: 306-982-2095

Box 327, Christopher Lake, SK S0J 0N0

Email: info@kinasao.ca www.kinasao.ca

# Kinasao Health Form



**Camper's name:** \_\_\_\_\_  
Health Card #: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Parent/Guardian 1:**  
Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Parent/Guardian 2:**  
Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Emergency Contact** (to be contacted in case above contacts cannot be reached)  
Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Is the camper physically fit to participate in all land and water sports?      Yes    No

Do you authorize Kinasao staff to provide your camper with non-prescription medications should they be required (such as ibuprofen and acetaminophen)?      Yes    No

Is the camper allergic or sensitive to any drugs (ie penicillin)?      Yes    No  
*If yes, please list:*

Does the camper have any medical or chronic conditions (ie asthma)?      Yes    No  
*If yes, please list*

Does the camper have any specific dietary needs (ie celiac, vegetarian)      Yes    No  
*If yes, please list:*

Does the camper have any behavioral or emotional needs that camp staff should be aware of?      Yes    No  
*If yes, please list:*

**My/Our child has permission to take part in camp activities including off-site activities under supervision and I/we agree that the camp or its personnel will not be held responsible for accidents or personal injury arising there from. We are responsible for any medical obligations incurred during the camping period and give the camp staff permission to seek medical treatment for my/our child in case of injury or illness.**

I accept these terms and conditions      Signature of parent/guardian: \_\_\_\_\_

**Medical Update Section**  
*To be filled in at registration*

Has the camper had contact with any communicable disease/infection in the past month?      Yes    No

Does the camper have any medication at camp with them?      Yes    No  
*If yes, please list:*

To my knowledge the information on this form is correct and accurate to the date indicated below:

Parent or Guardian: \_\_\_\_\_      Date: \_\_\_\_\_