



2018 YOUTH CAMPER REGISTRATION FORM

**FOR OFFICE USE ONLY –
Y-WS**

*Camp Omagh seeks to serve all campers, regardless of financial circumstances.
Visit 'Sponsorship Programs' (under the Registration Menu) at: www.campomagh.org*

Date Received _____
Received by: _____
____ Can Post _____ Email _____

Camper Number _____
____ Fully Paid _____
____ Info Complete _____

PLEASE COMPLETE ONE APPLICATION FORM PER CAMPER

CAMPER INFORMATION

Last Name: _____ First Name: _____ Gender: M F
Church Affiliation: _____ Name of Congregation (if applicable): _____
Street: _____
City: _____ Province/Country: _____ Postal/ZIP Code: _____
Age: _____ Birth Date (MM/DD/YYYY): _____ Phone: (____) _____
Email (required): _____ First time camper at Camp Omagh? Yes No

One T-shirt is included with your Youth Camper Fee!

T-shirt size (indicate type and size): Youth Adult S M L XL XXL

PARENT/GUARDIAN INFORMATION

Father: _____ Home Phone: (____) _____
Address (if different from Camper): _____ Cell/Other Phone: (____) _____
Email: _____
Mother: _____ Home Phone: (____) _____
Address (if different from Camper): _____ Cell/Other Phone: (____) _____
Email: _____

ALTERNATE CONTACT INFORMATION

Name: _____ Relationship to Camper: _____ Phone: (____) _____

PROGRAM SELECTION

X	Program:	Age ¹ :	Date:	Camper Fee:	
	CIT Program ²	13 +	July 22 – 28	\$70.00	\$
	Day Camp Please circle days attending: M T W Th F	7 - 13	Jul 09 – 13	\$190.00 per week (or \$40.00 per day)	\$
	Week #1	8 - 10	Jul 15 – 21	\$225.00 (\$240.00 after June 17, 2018 ^{**})	\$
	Week #2	8 - 10	Jul 22 – 28	\$225.00 (\$240.00 after June 24, 2018 ^{**})	\$
	Week #3	11 - 13	Jul 29 – Aug 04	\$225.00 (\$240.00 after July 01, 2018 ^{**})	\$
	Week #4	11 - 13	Aug 12 – 18	\$225.00 (\$240.00 after July 15, 2018 ^{**})	\$
	Teen Week	14 - 19	Aug 19 – 26	\$260.00 (\$275.00 after July 22, 2018 ^{**})	\$

¹ Age means the age of the camper on December 31, 2018.

² You need to apply for the CIT Program (www.campomagh.org) and be approved before registering for this week.

³ If you prefer to pay your minimum balance later, a minimum \$50 non-refundable deposit per program week is required to register. (Multiply number of programs times \$50.00 to determine minimum deposit.)

Total Payable

³ Subtract your Non-Refundable Deposit if you are not paying in full with your registration (enter as a negative number)

³ Balance Owing (due before your program begins)

PAYMENT OPTIONS:

__ Personal Cheque or Money Order (payable to OMAGH BIBLE SCHOOL in the amount of \$_____)

__ Online Payment (please use for payments by AMEX, MasterCard, VISA, or PayPal and indicate Payment Confirmation No. _____)

Note:

1. For cheques or money order, please mail this completed form with your payment to: **Camp Omagh, 1014 Lower Base Line West, Milton ON, L9T 2X8.**

2. Personal cheques will NOT be accepted later than 2 weeks before the program start date. Any balances paid later than this date MUST be by credit card or Pay Pal.

3. For online payments, please visit Campomagh.org/Registration to make your payment, and send this completed form digitally to registrar@campomagh.org (or mail to the address above.)

4. You may provide a \$50.00 non-refundable deposit when you submit your completed registration form to save your spot if you do not wish to pay the full balance up-front. However, the outstanding balance must be paid in full by your program start date.

5. Note that you are not registered until we send confirmation that we have received your completed registration form and payment. All confirmations and receipts will be e-mailed to you at the address provided in 'Camper Information' on Page 1.

CABIN MATES

We do our best to honor requests for cabin mates. There are NO GUARANTEES for placement. First year campers are given preference for cabin mates Name of Cabin Mate: _____

(Please specify only one cabin mate. If more than one name is specified, only the first name will be acknowledged.)

HOW DID YOU FIRST HEAR ABOUT US?

____ at Church ____ from Parent ____ from Friend ____ Google ____ Facebook ____ Newspaper
____ Other (Please Specify:)

MEDICAL INFORMATION

CAMPER WILL NOT BE REGISTERED UNLESS THIS MEDICAL INFORMATION SECTION IS COMPLETE.

If additional information is required for any of the following questions, please attach an additional sheet.

Family Doctor Name: _____ Phone: _____

Does the camper have any physical, emotional, mental, social challenges/behaviors? Yes No

If Yes, please explain: _____

Is the camper on any medication? Yes No

If Yes, please explain: _____

Note: All medication must be in its original container or original packaging and must be turned in to camp personnel on registration day.

Does the camper have any allergies? Yes No

If Yes, please explain: _____

Food Allergy Policy: *Our desire is to create a safe environment for campers. We will make reasonable efforts to ensure that campers do not have a food allergy attack while at Camp Omagh. We are not a peanut-free location. Our goal is to help campers self-manage their condition.*

List recent injuries, illnesses or surgeries:

Does the camper wear a medic alert bracelet or necklace? Yes No

If so, for what condition? _____

Do you immunize your child? Yes No **If Yes, are the immunizations up-to-date?** Yes No

Please specify other conditions (i.e. bedwetting, etc.) and any instructions for comforting your child when the need occurs.

I/we certify that, to the best of my/our knowledge, this camper is physically able to attend camp and participate in camp activities except as listed above. I/we will notify the camp if the camper is exposed to an infectious disease during the three weeks prior to arriving at camp. I/we, the parents or guardians named above, authorize any of the Omagh Bible School ('Camp Omagh') Staff to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

Print Name of Parent/Guardian
(or camper if they are 18 or older)

Signature of Parent/Guardian
(or camper if they are 18 or older)

Date

CONDITIONS OF ENROLLMENT

1. All programs require a minimum number of participants before they will run. We will notify you well in advance if we must cancel a program due to low enrollment.
2. The Camp Manager/Program Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety and rights of others, or who appears to him/her to have rejected the reasonable controls of Camp Omagh.
3. In case of withdrawal during the camp session on a physician's order, the fee for the unexpired term will be refunded. No refund will be made for dismissals due to disciplinary action, late arrivals, or early departures.
4. The \$50 registration fee is non-refundable in all cases.
5. Camp Omagh requires that campers, who have potentially life-threatening conditions (such as peanut allergies) be able to manage their exposure to those substances, provide two sets of medication and be familiar with its use.
6. I/we, named above, will send a signed notification to the camp if another individual other than us will be picking up my child at departure.
7. I/we, named above, undertake and agree to indemnify and hold the Board of Directors, the Officers, the Staff, and any employees of Omagh Bible School ('Camp Omagh') from and against any loss, damage or injury suffered by me/us as a result of being part of the activities at Camp Omagh, as well as of any medical treatment authorized by the supervising individuals representing the camp.
8. I/we, named above, are the parent(s) or guardian(s) having legal custody of the child/camper. The signature(s) on the registration form signify that all parents/guardians are in agreement with the conditions of enrollment.

SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have read, understood and accepted the conditions of enrollment as stated above. I understand that this camper will not be registered until all portions of this application form have been completed. I have filled out this form completely and without error to the best of my knowledge.

Print Name of Parent/Guardian
(or camper if they are 18 or older)

Signature of Parent/Guardian
(or camper if they are 18 or older)

Date



Omagh Bible School

Consent to Receive Commercial Electronic Messages and for Use of Personal Images in Media

(Please return this form with your completed application)

Consent to Receive Commercial Electronic Messages

(Please tick box): [] I consent [] I do not consent

to receiving promotional messages from Omagh Bible School ('Camp Omagh') about its products & services via email. I understand that I may withdraw this consent at any time by notifying Omagh Bible School at secretary@campomagh.org

Consent for Use of Personal Images in Media

(Please tick box): [] I consent [] I do not consent

to the use of any image or likeness of me (or my/our child/camper) on any promotional material and/or records by Omagh Bible School (Camp Omagh). I understand that this consent extends to all social media sites.

Consent to Appear in Cabin Photos

(Please tick box): [] I consent [] I do not consent

to the distribution of my image (or an image of my child/camper) to those who have shared my (or my child/camper's) cabin while attending camp. I understand that this distribution will be limited to cabin mates, and that Omagh Bible School (Camp Omagh) will not share such images publicly in any other way. If I consent, I expressly indemnify and hold Omagh Bible School (Camp Omagh) blameless for how cabin mates may subsequently use such images.

CAMPER NAME: _____

PARENT/GUARDIAN NAME: _____ (if camper under 18 years of age)

Street Address: _____

City: _____

Prov: _____

Country: _____

Postal Code: _____

Email: _____

Signature: _____ (Parent/Guardian, if camper under 18 years of age)

Date: _____