



2019 CAMPER REGISTRATION FORM

FAMILY WEEK

FOR OFFICE USE ONLY
F-WS

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

Camper Number _____
Fully Paid _____
Info Complete _____

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

PLEASE COMPLETE ONE APPLICATION FORM PER FAMILY

FAMILY INFORMATION

Last Name: _____ Parent (or Guardian) First Name: _____
 Gender: M F
 Church Affiliation: _____ Name of Congregation (if applicable): _____
 Mailing Address: _____
 City: _____ Province/Country: _____ / _____ Postal/ZIP Code: _____
 Age: _____ Birth Date (MM/DD/YYYY): _____ Phone: _____
 Email (required): _____ First time camper at Camp Omagh? Yes No
 How did you first hear about us? _____ at Church _____ from Friend _____ Google _____ Facebook
 _____ Newspaper _____ Other (Specify) _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Family Week Fees:	Date:	Campers:	Cost per Camper (or Family)
\$220.00 (\$235.00 for registrations recv'd after July 08, 2019) ¹ for each family member 7 yrs. of age or older; (OR \$40.00 per day per member for partial weeks.)	Aug 4 - Aug 10	7 yrs & over: _____	\$ _____
Children under 7 yrs. of age attend free .		Under 7 yrs: _____	
Maximum cost per family is capped at \$660.00 (\$705.00 for registrations recv'd after July 08, 2019) ¹		Max/Family: _____	\$ _____
¹ Please note that fees for Family Week INCREASE for registrations that are received by us later than 4 WEEKS PRIOR to the START DATE of the program. Register early and SAVE! ² A minimum \$50 non-refundable deposit is required to register, if you prefer to pay your remaining balance later	Total Payable		\$ _____
	² Subtract your Non-Refundable Deposit, if you are not paying in full with your registration (enter as a negative number)		\$ _____
	² Balance Owing (due before your program begins)		\$ _____

(Please see reverse for instructions on how to make your payment)

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.

CONDITIONS OF ENROLLMENT (FAMILY PROGRAMS)

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. Parents or Guardians are responsible for discipline and management of their family while attending Family Week. 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, late arrivals, or early departures. (The \$50 registration fee is non-refundable in all cases.)
4. Parents or Guardians are responsible for managing their family's medical care while attending Family Week, including managing any potentially life-threatening sensitivities (such as nut allergies.) Camp Omagh will take all reasonable precautions to avoid exposure if we are made aware of such sensitivities; however **please note that Camp Omagh is NOT a nut-free environment.** Families must bring two sets of any required medication to Camp and be familiar with its use.
5. 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.

SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have read, understood and accepted the conditions of enrollment as stated above. I understand that I 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 Camper/Family

Signature of Camper

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 sending notification via email to: secretary@campomagh.org

Consent for Use of Personal Images in Public Media

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

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

Consent to Appear in Group Photos

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

to the distribution of my image (or an image of my child/camper) in group photos. I understand that this distribution will be limited to those campers who have attended camp with me and/or my family, 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 fellow campers may subsequently use such images.**

FAMILY NAME: _____

PARENT/GUARDIAN NAME: _____

Street Address: _____

City: _____

Prov: _____

Country: _____

Postal Code: _____

Email: _____

Signature: _____

(Parent/Guardian)

Date: _____

List of Family Members & Ages

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____