



## 2019 YOUTH CAMPER REGISTRATION FORM

**FOR OFFICE USE ONLY –  
Y-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](http://www.campomagh.org)***

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 <sup>1</sup> :	Date:	Camper Fee:		
	Day Camp Please circle days attending: M T W Th F	7 - 13	Jul 08 – 12	\$200.00 per week (or \$45.00 per day)	\$	
	Week #1	8 - 10	Jul 14 – 20	\$250.00 (\$265.00 after June 17, 2019)	\$	
	Week #2	8 - 10	Jul 21 – 27	\$250.00 (\$265.00 after June 24, 2019)	\$	
	Week #3	11 - 13	Jul 28 – Aug 03	\$250.00 (\$265.00 after July 01, 2019)	\$	
	Week #4	11 - 13	Aug 11 – 16 (program ends Friday night)	\$250.00 (\$265.00 after July 15, 2019)	\$	
	Teen Week	14 - 19	Aug 18 – 25	\$285.00 (\$300.00 after July 22, 2019)	\$	
<sup>1</sup> Age means the age of the camper on December 31, 2019. <sup>3</sup> 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	\$	
				<sup>3</sup> Subtract your Non-Refundable Deposit if you are not paying in full with your registration (enter as a negative number)		\$
				<sup>3</sup> 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](http://Campomagh.org/Registration) to make your payment, and send this completed form digitally to [registrar@campomagh.org](mailto: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:

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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.

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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:** \_\_\_\_\_