

2020 Ketchen Lake Bible Camp Registration Form

Mail to: Ketchen Lake Bible Camp c/o Carol Steppan Box 189 Endeavour, SK S0A 0W0

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Birthdate _____ Age _____ M/F

(DD/MM/YYYY)

Mailing Address _____ Town/City _____ Province _____ Postal Code _____

Phone _____ Email _____ Home Church _____

(acceptance letter is sent via email so MUST be included)

This is my _____ year at KLBC! Cabin Mate request (only one please) _____

Parent/Guardian #1
Name _____
Home _____
Work _____
Cell _____

Parent/Guardian #1
Name _____
Home _____
Work _____
Cell _____

Fees (canteen included)	By May 31 st	After May 31 st	Total
Single	\$190	\$205	
Family	\$475	\$515	
Squirt Camp	\$150	\$165	
Total:			
Cash Cheque Money Order e-transfer to ketchenlake@gmail.com			

Camps (Check all that the camper will be attending):

Teen Camp (14-18 years)
 Jr Teen Camp (12-14 years)
 Intermediate Camp (10-12 years)
 Squirt Camp (7-9 years)
 24/7 Camp (12-18 years)
 Sports Camp (10-18 years)
 Camp Camo (10-Adult)

Registration Notes:

Please check and call Carol Steppan (306) 547-4268 or ketchenlake@gmail.com if you need financial assistance in sending your child to camp. Fill in Camper Sponsorship Request Form found on www.ketchenlakebiblecamp.com

- Send all forms in together when registering for the family rate.
- Family rate doesn't include campers attending more than one camp/year.
- No refunds after June 15th.
- KLBC reserves the right to use any pictures taken at camp for promotional purposes.

SKILL SIGN UP

Please choose in order of preference 1, 2, 3, A - alternative	TEEN CAMP	JR. TEEN CAMP	INTERMEDIATE CAMP
ARCHERY			
CANOEING/KAYAKING			
CRAFTS			
PHOTOGRAPHY			
REMOTE CONTROL CARS			
RIFLERY (PELLET GUNS)			
BIBLE EXPLORATION			
ROCKETRY			
SPORTS			
WILDERNESS SURVIVAL			
TRAMPOLINE			
WATERTIME FUN			
No skill sign-up for Squirt Camp. They will get to experience a number of different activities as a cabin			

Medical Record & Waivers

Name _____ SK Health Card _____

Alternate Contact Name _____ Phone _____

Doctor _____ Phone _____

Town _____

Any reason to restrict camper's activities at camp? Yes/No Explain

Has the camper been under medical care in the past 2 months? Yes/No Explain

Is the camper on prescription medication? Yes/No Explain

If camper is subject to any of the following please circle and explain on a separate page: bedwetting, sleepwalking, fainting, bronchitis, skin disease,

diabetes, convulsions, hysteria, other _____

Allergies? Please specify _____

Additional information on separate page? Yes/No

I/We hereby:

- a) authorize the Camp Medical Staff and/or director to obtain such medical advice and services as may be deemed necessary for the health/safety of my/our child, and will reimburse the Camp for any expenses incurred.
- b) agree to not hold the Ketchen Lake Bible Camp Board of Directors, officers, employees, agents or volunteers liable for any accident, sickness or injury occurring at Camp.
- c) waive any right of action against any of the above on behalf of myself/ourselves and on behalf of my/our child.

Signed this _____ day of _____ 2020 _____

Parent / Guardian

Parent / Guardian

For office use only

Date Received _____

Paid by Cheque# _____

M/O _____ Cash _____

E-transfer _____ Sponsored _____