

2021 Ketchen Lake Bible Camp Day Camp Registration Form

Mail to: Ketchen Lake Bible Camp c/o Carol Steppan Box 189 Endeavour, SK S0A 0W0 or E-mail: ketchenlake@gmail.com
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 _____

This is my _____ year at KLBC!

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

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

Parent/Guardian #2
Name _____
Home _____
Work _____
Cell _____

Fees (canteen included)	Per Day	# Of Days	Total
Camper	\$25		
			Total: \$
Cash	Cheque	Money Order	e-transfer to ketchenlake@gmail.com

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

Monday	Tuesday	Wednesday	Thursday	Friday
<u>Aug 2</u>	<u>Aug 3</u>	<u>Aug 4</u>	<u>Aug 5</u>	<u>Aug 6</u>

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

- If applying for financial assistance we ask that you pay for the first day of camp
- Campers needing financial assistance will be limited to attending 5 days of camp
- No refunds after July 1st
- KLBC reserves the right to use any pictures taken at camp for promotional purposes.

Medical Record & Waivers

Name _____ SK Health Card _____

Alternate Contact Name _____ Phone _____

Doctor _____ Phone _____ Town _____

No one will be permitted to attend Day Camp who has travelled outside the province in the last 14 days or been in contact within the last 14 days with someone who has tested positive for covid19 or exhibits any of the following signs and symptoms: Fever, Cough, Sore Throat or Shortness of Breath.

Has the camper travelled outside the province in the last 14 days Yes / No

Has the camper been in contact within the last 14 days with someone who has tested positive for covid19 Yes / No

Does the camper exhibit any of the following signs and symptoms: Fever, Cough, Sore Throat or Shortness of Breath. Yes / No Explain if yes

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 _____ 2021 _____

Parent / Guardian

Parent / Guardian

Activities:

Because campers will be staying within their groups and we will have limited staff some campers may do activities that they are not especially keen on. We will try to accommodate everyone the best we can! Please use the chart below to indicate the campers chooses:

Check the following activities the camper would like to do:

ACTIVITY	WOULD LIKE TO PARTICIPATE IN	NOT SO KEEN ON
Archery		
Riflery		
Pedal Go-Carts		
Canoeing Kayaking Paddle Boarding		
Crafts		
Sports		
Swimming		

For office use only

Date Received _____

Paid by Cheque# _____

M/O _____ Cash _____

E-transfer _____ Sponsored _____