

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 #2
Name _____
Home _____
Work _____
Cell _____

Fees (canteen included)	By June 20 th	After June 20 th	Total
Single	\$200	\$215	
Family	\$485	\$525	
Total:			
Cash	Cheque	Money Order	e-transfer to ketchenlake@gmail.com

Camps (Check the camp the camper will be attending):
<input type="checkbox"/> July 12-16 - Squirt Camp (7-9 years)
<input type="checkbox"/> July 19-23 - Intermediate Camp (10-12 years)
<input type="checkbox"/> July 26-30 - Jr.Teen/Teen Camp (13-18 years)

Registration Notes:
<p>____ 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</p> <ul style="list-style-type: none"> - 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 20th. - 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	INTERMEDIATE CAMP	JR.TEEN/TEEN CAMP
ARCHERY		
CANOEING/KAYAKING		
CRAFTS		
PHOTOGRAPHY		
REMOTE CONTROL CARS		
RIFLERY (PELLET GUNS)		
SPORTS		
PEDAL GO-KARTS		
WILDERNESS SURVIVAL		

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

The following questions will again be asked upon arrival of camp:

No one will be permitted to attend Camp who has travelled outside the province in the last 14 days PRIOR TO THEIR CAMP START DATE 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

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

For office use only
Date Received _____
Paid by Cheque# _____
M/O _____ Cash _____
E-transfer _____ Sponsored _____