

MEDICAL INFO

Name: _____

List any allergies: _____

Any other health, developmental or behavioural issues we should be aware of: _____

Medication Required at Camp: _____

(ALL MEDICATIONS MUST BE GIVEN TO CAMP NURSE WHEN SIGNING IN AT CAMP)

OHIP#: _____

I DO NOT for the required strength of Tylenol, Advil,

Gravol or allergy meds to be administered: _____

Please ensure that campers are free from BED BUGS, HEAD LICE, or any other contagious disease before coming to camp. If this is not adhered to we reserve the right to send a camper home. If any treatment is administered the PARENT/GUARDIAN will be billed.

I hereby give the Camp Director the right to arrange for any special services medical or otherwise that shall be required in the best interest of the camper and accept responsibility for the payment of any such services.

Signature: _____

Date: _____

DIRECTIONS

**10463 2nd Line,
Campbellville, ON
(905) 854-3284**

FROM TORONTO

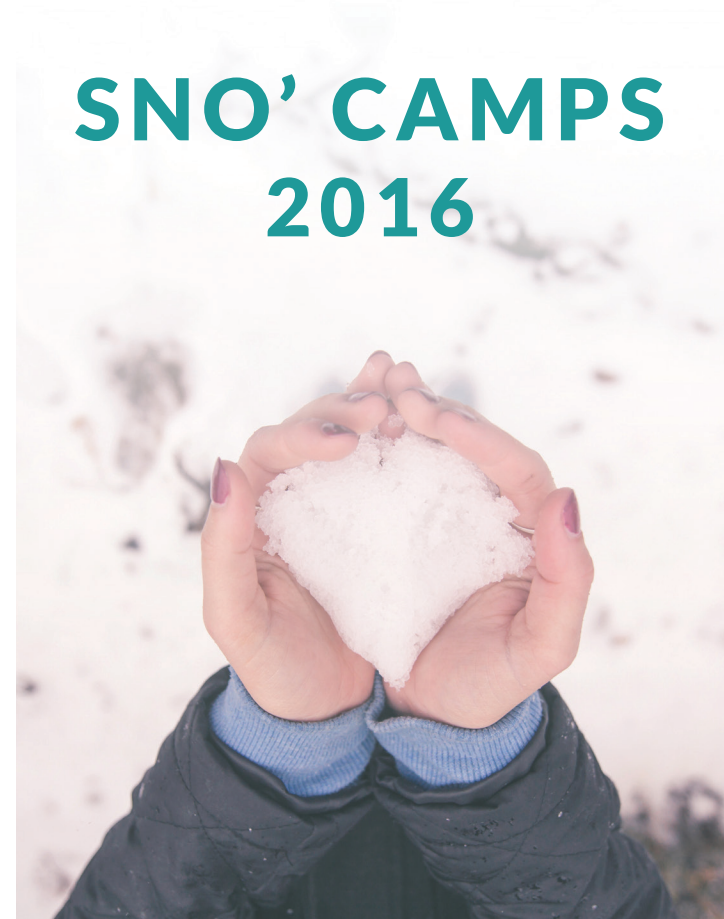
- Highway 401 West to exit 312 Guelph Line
- Travel North. Go past Mowhawk to next road which is No. 10 Sideroad turn left
- Travel to 4 way stop (2nd Line)
- Turn right travel approximately 1.5 kms to THE FAITH MISSION sign on the right
- Enter that laneway

FROM LONDON

- Highway 401 East to exit 312 Guelph Line
- Travel north. Go past Mowhawk to next road which is No. 10 Sideroad turn left
- Travel to 4 way stop (2nd Line)
- Turn right travel approximately 1.5 kms to THE FAITH MISSION sign on right
- Enter that laneway



SNO' CAMPS 2016



WHAT TO EXPECT



WORSHIP

BIBLE TEACHING

DEVOTIONS

OUTDOOR ACTIVITIES

FUN!

CAMP DETAILS

WHEN

Teen Camp January 29-31 13-17 years	Junior Camp February 5-7 8-12 years
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TUCK SHOP: is on site and the camper may bring up to a maximum of \$5 (no more than this please) to be deposited in the camp bank when registering for safety purposes.

CHECK IN TIME: Friday 7pm
DEPARTURE TIME: Sunday 2pm

COST: \$85

REGISTRATION FEE: \$20.00 non-refundable fee is to accompany application form. This is deducted from full cost. Balance to be paid on or before arrival at camp.

PLEASE MAIL TO:

P.O. Box 376
Campbellville, ON L0P 1B0

Please keep rest of brochure for your information.

PLEASE DO NOT BRING THE FOLLOWING:
Cell Phone, Music Players, Electronic Games, Knives or Other Weapons, Alcohol.

REGISTRATION

Returning Camper: _____ First-Time Camper: _____

Teens Camp (14-18): _____ Tweens (11-13): _____

Discovery (9-11): _____ Adventure (7-9): _____

Male: _____ Age: _____ Female: _____ Age: _____

Name: _____

Birth Date: _____

Full Address: _____

Parent/Guardian: _____

Phone: _____

Email: _____

Emergency Contact: _____

Phone: _____

Cabin Buddy 1: _____

Cabin Buddy 2: _____

Payment: _____

\$20(deposit): _____ \$160(full): _____ \$90(adv. camp): _____

Parent/Guardian info. I understand that the Camp Director may send the camper home at the parent's expense if the camper's behavior is deemed not to be in the best interest of the camp program and other campers.

- I DO NOT give consent for my child to be transported off site on supervised trips:
- I DO NOT give consent for my child's picture to be used in the promotion of Faith Mission Camps:

While every precaution shall be taken to ensure the welfare and protection of each camper The Faith Mission (In Canada) it's Directors and members and employees of the facilities outside the campground are hereby released from any liability in the event of an accident or misfortune that may occur to the camper.

Signature: _____

Date: _____