



## Kids Camp – July 8 - 13, 2018

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SEX: M \_\_\_ F \_\_\_ AGE (at time of camp): \_\_\_\_\_ DOB: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME CHURCH (if attending): \_\_\_\_\_

CABIN REQUEST \*: \_\_\_\_\_

\* Cabin requests must be mutual and the campers must be within 2 years of age. **Only one cabin request per camper.** We will do our best to honour this request, however parents must understand that it may not be possible to accommodate the request.

**MEDICAL INFORMATION** (see separate attachment)

Please complete and sign the “**Waiver and Medical Release Form**” and return with this application.

### SIGNATURES

I have read and I agree to comply with the conduct and modesty regulations while at camp and I agree to co-operate fully with the Director and Camp Officers and staff at all times.

Signature of Camper: \_\_\_\_\_

I give permission for the use of photographs, audio and video footage, which includes my child for the purpose of camp publicity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL TO:** Attention: Kids Camp, Pine Orchard Camp, Suite 241  
1111 Davis Drive, Unit 23 Newmarket, ON L3Y 9E5

**USE A SEPARATE FORM FOR EACH CAMPER**

For additional application forms visit [www.pineorchardcamp.com](http://www.pineorchardcamp.com)