



Teen Camp – August 30 - September 1, 2019

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: _____

EMAIL A SCANNED COPY OR PICTURE TO: elforda@msn.com

USE A SEPARATE FORM FOR EACH CAMPER

For additional application forms visit www.pineorchardcamp.com