



Family Camp & Bible Conference

B2215, Hwy #48 East, R.R. #3 Beaverton, Ontario L0K 1A0

Email: info@fairhavens.org

Phone: 705.426.7378

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For children and youth who have completed Grade 1 through to completed Grade 6

Day Camp 2010 Registration

Day Camper Information

Camper Name: _____ Health Card #: _____
 Address: _____ City/Town: _____ Province: _____ P.C.: _____
 Phone: _____ Camper Email: _____
 Birth Date: _____ Age at Camp: _____ Male: _____ Female: _____
 Grade Completed (June 2010): _____ Are you a returning day camper? Yes / No (please circle choice)
 Church: _____ City: _____
 How did you first hear about Fair Havens? _____

At Registration, we require written permission to release camper to someone other than the parent(s)/guardian.

Parent/Guardian Information

Name: _____ Relationship to Camper: _____ Email: _____
 Address: _____ City/Town: _____ Province: _____ P.C.: _____
 Phone (Day): _____ Phone (Evening): _____
 Phone (Cell): _____
Alternate Contact (Required)
 Name: _____ Relationship to Camper: _____
 Address: _____ City/Town: _____ Province: _____ P.C.: _____
 Phone (Day): _____ Phone (Evening): _____
 Phone (Cell): _____

Registration Information (Day Camp runs Monday to Friday)

I want to register for the following weeks of day camp: Day Camp: \$168 (tax included). Wednesday Overnight option: Add \$35 (tax included)

Week	Dates	Day Camp	Overnight Option	Total
1	July 5-9	\$ _____	+ \$ _____	= \$ _____
2	July 12-16	\$ _____	+ \$ _____	= \$ _____
3	July 19-23	\$ _____	+ \$ _____	= \$ _____
4	July 26-30	\$ _____	+ \$ _____	= \$ _____
5	Aug 2-6	\$ _____	+ \$ _____	= \$ _____
6	Aug 9-13	\$ _____	+ \$ _____	= \$ _____
7	Aug 16-20	\$ _____	+ \$ _____	= \$ _____
8	Aug 23-27	\$ _____	+ \$ _____	= \$ _____

Final Total: \$ _____
 Less Deposit: \$ _____
Balance: \$ _____

Policies

- A \$50 non-refundable registration deposit is required (or pay in full).
- All deposits should be current dated.
- Balance due before the end of June, 2010.
- Cheques payable to Fair Havens Ministries.
- Confirmation of balance owing will be sent.
- Prices subject to change and applicable taxes.

Method of payment:

Cheque ___ Visa ___ MasterCard ___ Credit Card #: _____ - _____ - _____

Expiry Date: ___ / ___ Bill Total to my credit card: Yes ___ No ___ Signature: _____

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Skills Registration

Day Campers who have completed Grade 4 up to completed Grade 6 will participate in the Xtreme Team Youth Skills Program. Please circle the top 3 skills that you would like to participate in. The camper will be assigned 2 skills based on availability and participate each morning in the same two skills!

- | | |
|---------------------------------------|------------------------------|
| S1 Canoeing (ORCKA) | S6 Wilderness Survival |
| S2 Golf | S7 Drama |
| S3 Archery | S8 Swimming (Red Cross Swim) |
| S4 High Ropes / Mt. Moriah (Climbing) | S9 Active Sports |
| S5 Crafty by Nature (Arts & Crafts) | |

General Information

- The parents or guardians having legal custody over any camper must communicate all legal and agreed arrangements. Conditions of custody, if applicable, will be communicated in writing to the camp along with a photocopy of any court order referring to visitation rights/denials.
- The Camp Director reserves the right to dismiss a camper who in his opinion is a hazard to the safety and rights of others, or who appears to have rejected the controls of the camp. The parent/guardian certifies that the camper is normal in condition and habits and is amenable to necessary discipline.
- While every precaution is taken for the safety and good health of our campers, Fair Havens Day Camp, it's directors and staff members, or the employees of facilities outside of the camp grounds are hereby released from any and all liability in the event of an illness, accident, misfortune or death that may occur to the camper. Provincial Health or equivalent Medical Health Insurance must cover each camper. The parent or guardian is responsible for any additional expenses that may result from such services.
- To the best of my knowledge, my child is in good health and I will notify the Camp if my child is exposed to an infectious disease during the three weeks prior to arriving at Camp. In the case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the physicians selected by the Day Camp Director, to secure proper treatment, hospitalization, order injection, anesthesia or surgery for my child, as named above.
- I hereby give permission for Fair Havens Day Camp to use any photographs, digital or video, of my child for promotional material.
- I will send a signed notification to the camp if another individual other than myself will be picking up my child at departure.
- It is best for the camper & the other campers that phone calls home & visits are discouraged - in order to reduce homesickness.
- We have read both sides of the Day Camp Registration Form and I am in full agreement and do here below sign in agreement.
- Fair Havens Ministries may use camper addresses for follow-up/promotional purposes, including giving it to your child's counsellors. Please refer to the Fair Havens website for complete privacy policy information. (www.fairhavens.org/privacy)

Signatures

Parent/Guardian Signature: _____
My parent/guardian has read and explained the above conditions.

Date: _____

Camper Signature: _____

Date: _____

Quick Reference Emergency Phone: _____ Thank you. We look forward to your visit.

Additional copies may be photocopied or downloaded at <http://www.fairhavens.org>.

See you
at Summer
Xplosion
Day Camp 2010!



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Medical Information

If any medical information changes prior to camp, please notify Fair Havens before camp begins

Many of the activities take place outdoors. Does your child have any physical, developmental, or emotional condition that might limit participation in any activities? Yes _____ No _____ If yes, please explain:

Does the camper have any food allergies? Yes _____ No _____ If yes, please explain:

Is the camper under the care of a physician for any on going conditions? Yes _____ No _____

Please list all prescription and over the counter medicines that will be brought to camp by your child:

Condition	Name of Medication	Dosage	When Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH HISTORY (Please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Bleeding/Clotting disorders | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Insect Sting Allergy |
| <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> AIDS | <input type="checkbox"/> Penicillin Allergy |
| <input type="checkbox"/> Ear Infections (frequent) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Eye Infections (frequent) | <input type="checkbox"/> Tylenol can be administered | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Heart Defects | <input type="checkbox"/> All vaccinations are up to date | <input type="checkbox"/> Never immunized |

Other. Please list: _____

Please describe any recent surgery or illness:

Name of family doctor: _____

Phone: _____

Health Card Number: _____

Name: _____

(exactly as shown on card)

Authorization

I authorize the Fair Havens Day Camp Director to administer prescription medication as outlined above to
_____ (name of child) while under the care of the Fair Havens Day Camp staff.

Signature of Parent/Guardian

Date