

Registration begins Wednesday, January 4, 2017

If unable to register online, please mail this completed registration form along with payment to Stillwood Camp. Please print clearly.



2017 SUMMER CAMP REGISTRATION FORM

44005 Watt Road, Lindell Beach, BC V2R 4X9
Phone 604-858-6845 ext. 103 or 1-800-50 STILL ext. 103

Camper's Name _____ Birthday D ____ M ____ Y ____

Male Female LAST Grade (As of Sep. 2017) _____ FIRST School (As of Sept. 2017) _____ **Age** (As of Dec. 31/2017) _____

T-shirt size (circle one) Child: S M L Adult: S M L XL XXL

BC Care Card # ____/____/____ REQUIRED OR Non BC Medical Plan # _____

Doctor's Name _____ Doctor's Phone # _____

Cabin mate request _____
Limit your request to one friend. Both campers must request each other.

List any food allergies or dietary restrictions _____

List any medical conditions, illness, medications or allergies _____
I.e. diabetes, hay fever, penicillin allergy, etc.

List any and all developmental disabilities (i.e. autism, ADHD, etc.) _____
Every camper **must** have appropriate immunizations for his/her age.
(See note on bottom of second page concerning the Beyond Boundaries Program)

✓	Camp	**Age	Birth Year	Dates	Total w/ Tax
	XLerate	14-16	'01-'03	July 2-7	\$434.25
	Blast 1	8-10	'07-'09	July 9-14	\$366.50
	Woodchucks	6-8	'09-'11	July 9-11	\$219.75
	Blast 2	9-11	'06-'08	July 16-21	\$366.50
	Turbo 1	10-12	'05-'07	July 30-Aug 4	\$392.75
	Turbo 2	11-13	'04-'06	Aug 6-11	\$392.75
	Turbo 3	10-13	'04-'07	Aug 13-18	\$392.75

Day Camps
Stillwood Express - Ages 5-7 Born '10-'12

Stillwood Express 1 July 10-14 \$270 - tax exempt
 Stillwood Express 2 July 17-21 \$270 - tax exempt

For Day Camp Only
Daily pick-up/drop-off location options:

Broadway MB Church, Chilliwack
 Sardis Community Church
 Yarrow MB Church
 Castle Fun Park, Abbotsford
 I will provide my child with transportation

****Camper MUST be the correct age (by Dec. 31, 2017) for the camp they are registering for.****

Parent 1 _____ Email _____

LAST NAME FIRST NAME
Home Phone _____ Parent 1 Work Phone _____ Parent 1 Cell _____

Street Address _____

City _____ Province _____ Postal Code _____ Country _____

Status: Married Single Parent Divorced Separated Other (Please Specify) _____

Parent 2 _____ Email _____

LAST NAME FIRST NAME
Home Phone _____ Parent 2 Work Phone _____ Parent 2 Cell _____

Street Address _____

City _____ Province _____ Postal Code _____ Country _____

Status of Parent 2 to Parent 1: Married Divorced Separated Other (Please Specify) _____

OVER

Will you be home during the camp session? No Yes

Who has custody (Parent #1/#2 or both)? _____

Alternate Contact Name _____ Relationship to Camper _____

To be contacted when parent 1 or 2 cannot be reached.

Home Phone _____ Work Phone _____ Cell Phone _____

If first-time camper, where did you hear about camp?

Family/Friends Church Stillwood Website Ourkids.net General Web Search Radio Ad Newspaper Ad Magazine Ad

Church you attend (if any) _____

STATEMENT OF PARENT/GUARDIAN:

I am sure that the Stillwood Camp staff will do their best to give my child the necessary support and supervision needed and I understand that safety and health rules will be observed. I hereby give camp personnel the authority to act on my behalf in case of emergency, including medical treatment (parent/guardian will be notified as soon as possible). I understand that I am financially responsible. When the camp program involves leaving the camp premises (e.g. waterfront, hiking, etc.), I give permission for my child to participate. I hereby release Stillwood Camp and its personnel from all claims for damages arising from any accidents or injury caused by my child's participation in the camp program. My child's photo will appear in the camp video and may be used in Stillwood publications. Names will not be attached to photos on any of Stillwood's camp videos, publications or social media platforms.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian (please print) _____

FEES - Please Fill In This Section

Camp Total w/Tax See brochure, website or opposite side of this page for prices. \$ _____

Camp DVD pre-ordered \$13.50 (applicable taxes included) \$ _____
Until March 15 – campers who register (excludes Stillwood Express) with FULL payment (not post-dated), will receive a free DVD – NO NEED TO ORDER. (DVD can also be purchased at Camp for \$17 taxes included. DVD is **not** available for **Stillwood Express**.)

OPTIONAL: Donation to Campership Fund \$ _____

Campership fund is used to assist low income families with sending their children to camp. An official tax receipt will be issued.

Total \$ _____

PAYMENT Your payment options include: (check one)

- 1. Send one cheque for the full amount, with the current date.
- 2. Send two cheques: (1) minimum **\$150 deposit** with the **current date** and (2) **post-dated May 1, 2017** for the balance.
- 3. Use your credit card to pay. SEE BELOW

Registrations which do not include one of the above payment options will not be processed.

PLEASE COMPLETE IF PAYING BY CREDIT CARD. When paying by credit card, FULL payment is due with this registration form.

MasterCard VISA Cardholder name _____

Card number _____ / _____ / _____ / _____ Expiry date ____ / ____ CVV Number _____

Signature _____ Date _____

Three numbers on back of card.

CANCELLATION POLICY

Campers unable to attend a session will receive a refund, less an administrative fee of \$70 (plus applicable taxes), provided our office is notified, on Friday, **four weeks** before the start of their camp. Your deposit or any payment made towards their camp fees cannot be applied to ANY other registrations. Another camper may not be substituted in place of a cancelled spot. We regret that, barring mishap or illness, no refunds can be made after this time.



Beyond Boundaries is a program that integrates high functioning campers with developmental disabilities into our regular programming. Registration will not be finalized until final approval has been received from our Beyond Boundaries Director, and all paperwork has been returned. Contact beyondboundaries@stillwood.ca for more information.

FORM MUST BE FILLED OUT COMPLETELY, OTHERWISE IT WILL NOT BE PROCESSED