

REGISTRATION FORM

A \$10 non-refundable registration fee must accompany this form. Please complete ONE FORM PER PERSON per camp/retreat, except one form per family for Family Camp.

Name: _____

Age: ____ Grade Next Year: ____ Sex: M F

Address: _____

Birthdate: (D/M/Y) _____

Postal Code _____

Phone: () _____

Parents' Names: _____

Pastor: _____

Home Church: _____

E-mail: _____

Family Camp Registration only (Place family member names and ages here)

Father: _____ Mother: _____

Child: _____ age () Child: _____ age ()

Child: _____ age () Child: _____ age ()

Child: _____ age () Child: _____ age ()

Please check for Family Camp accommodations (we cannot accommodate pets)

We are bringing our accommodations. (\$67/adult includes 10 meals - tent & trailer sites available)

Cabin with washrooms nearby (\$72/adult includes 10 meals)

Cabin with Private Bath (5 people or more only - first come, first served - \$82/adult includes 10 meals)

Check Camp/Retreat Attending:

<input type="checkbox"/> Winter Teen Retreat	Feb. 3-4
<input type="checkbox"/> Maritime Games & FAF	May 24-26
<input type="checkbox"/> Men's Retreat	June 15-16
<input type="checkbox"/> Family Camp 1	July 11-14
<input type="checkbox"/> Teen Camp	July 16-21
<input type="checkbox"/> Junior Camp	July 23-28
<input type="checkbox"/> Family Camp 2	Aug. 1-4
<input type="checkbox"/> Teen Retreat	Sept. 21-22
<input type="checkbox"/> Couples' Retreat	Sept. 28-29

MEDICAL & LIABILITY RELEASE FORM

"Staying on Track 2012" (Please complete this form)

Doctor's name: _____ Doctor's Phone: () _____ Weight: _____ Height: _____

Medication taken regularly _____ Date of last Tetanus shot _____

Reason for taking medications _____

Allergic reactions: (bee stings, insects, penicillin, etc.) _____

Type of reaction & treatment given: (bee stings, insects, penicillin, etc.) _____

Preexisting medical condition _____

YES or NO – "My child has permission to take Tylenol, if needed."

YES or NO – "My child has permission to play paintball" – Please download paintball form under "Registration" at www.FGBC.ca

"I have read this brochure & agree to support FGBC in their dress and conduct requirements for my child while at camp. I understand that every activity is carefully planned and well supervised by mature adults. However, if an emergency should occur and I cannot be reached, I hereby give permission to any medical professional to provide proper medical treatment, anesthesia or surgery for my son or daughter as deemed necessary. I assume all risks and agree not to hold Forest Glen Bible Camp liable in case of injury to the minor listed on this form."

Parent's signature _____ Medical Insurance # _____

Mail Reservations to: Forest Glen Bible Camp, P.O. Box 161, Brookfield, NS, B0N 1C0