

# MTBC 2012 REGISTRATION

## CAMPER INFORMATION

OFFICE USE: MO	CASH	CH. #
VISA	MC	Other

Rec.#
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Last Name \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_

Parent(s) / Guardian(s) Name \_\_\_\_\_ Birth date (D/M/Y) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address you want **confirmation/receipt** sent to \_\_\_\_\_

Church (if you attend) \_\_\_\_\_ ONE Cabin Friend \_\_\_\_\_

(Must be a mutual request)

**Circle T-Shirt Size (Youth)** XS S M L **(Adult)** S M L XL XXL **First time to MTBC** (yes) (no)

## MEDICAL INFO

Health Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

Does your child have any known allergies? Yes \_\_\_ No \_\_\_ (if yes, please explain)

Does your child take daily medication? Yes \_\_\_ No \_\_\_ (you will hand these into the nurse at registration)

Does your child have a history of, Asthma \_\_\_ Heart Trouble \_\_\_ Bed Wetting \_\_\_ Sleep Walking \_\_\_ ADD/ADHD \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ (Please attach a note if there are any other concerns we should know about.)

Emergency Contact (this person will be contacted if we cannot reach the Parent/Guardian above)

Name \_\_\_\_\_ Relation To Camper \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

## CONDITIONS AND POLICIES (Please initial each, to which you agree)

\_\_\_ MTBC has my permission to use any image or likeness of my child for promotional purposes. Ex. (brochure, website)

\_\_\_ Campers are not to leave the campgrounds except as part of camp activities supervised by MTBC staff.

\_\_\_ IN CASE OF AN EMERGENCY, I here by give permission to MTBC to obtain medical treatment or hospitalize my child as named in this form in the event that the emergency contact person or I cannot be reached.

\_\_\_ I, here by give permission for my child to participate in horseback riding supervised by MTBC staff. Every effort will be made to ensure the safety of all riders, however, with riding, there is always a risk of injury.

**My signature certifies that I agree with the conditions and policies that I have initialized above.**

PARENT / GUARDIAN SIGNITURE \_\_\_\_\_ DATE \_\_\_\_\_

**CAMP REGISTERING FOR** (payment in FULL must accompany the application)

Camp Date \_\_\_\_\_ **CAMP** ex. (Drama Camp) \_\_\_\_\_

- |                        |           |                                      |
|------------------------|-----------|--------------------------------------|
| 1. Camp Fee            | \$ _____  | <u>If Paying with VISA/MC/AM.EX.</u> |
| 2. Early Bird Discount | -\$ _____ |                                      |
| 3. Buddy Discount      | -\$ _____ | Name on Card _____                   |
| 4. Family Discount     | -\$ _____ | Card # _____                         |
| 5. Total Amount Due    | \$ _____  | Expiry Date _____                    |

\*If you are a NEW CAMPER and have been invited by a friend, please indicate friends name \_\_\_\_\_