

Pine Lake Christian Camp Registration

Name: _____ M _____ F _____ Entering Grade: _____

Date of birth: _____

Address: _____

email: _____.

Phone: _____ City: _____ Province: _____ PC: _____

Home Church: _____ Pastor: _____ Phone _____

Alberta Health Care#: _____

Medical/Diet Concerns: _____

Parent/Guardian: _____ Contact Numbers: _____

Alternate Contact Name: _____ Contact Numbers: _____

The signing of this registration form by the parent/guardian gives permission for the listed camper to attend Pine Lake Christian Camp for the period listed; to be giving emergency medical treatment if required; to ride as a passenger in camp vehicles; to be evacuated by air if necessary; and to participate in all camp activities as outlined in the camp literature. Any exceptions should be noted here: _____.

Pine Lake Christian Camp takes great pride in maintaining safe practices. All programs run under rigid safety guidelines and procedures.

Nonetheless, *participants need to be aware that there is a risk inherent in any outdoor adventure program.*

Our signatures below indicate a desire to participate in the Pine Lake Christian Camp program, and an understanding of its nature. The camper agrees to abide by the rules of the camp.

Signature of camper: _____ Date: _____.

Signature of parent(s): _____ Date: _____.

or Guardian(s) _____ Date: _____.

Photo Release: if you are willing to allow Pine Lake Christian Camp to use photographs in which you or your child appear for appropriate promotional materials, *please sign below*

Signature of parent or guardian _____ Date _____.

Camp: _____ Dates _____ Fee: \$ _____

Cheque Visa Master card

Register 2 weeks prior to start date of camp and recive \$25 off registration of kids camps (except rookies where you recive \$15 off)

Refund Policies:

1. If cancellation is made seven (7) days prior to start of camp, the full registration fee will be refunded.
2. If cancellation is made within seven (7) days of start of camp, the registration fee less 25 % will be refunded. If there are medical or emergency circumstances, the full amount will be refunded
3. No refund will be given for campers sent home for discipline reasons
4. No refunds will be given for late arrivals or early departure.
5. Withdrawal from camping on Doctor's orders a refund for the number of days remaining in the camping week will be refunded to the camper.

Credit card holder name (as it appears on card): _____

Signature: _____

Credit card #: _____ Expiry Date: ____ / ____

MAIL TO: Pine Lake Christian Camp, Box 41 , Pine Lake, AB. T0M 1S0 (Cheques payable to Pine Lake Christian Camp)