



# Willow Creek Youth Camp Registration Form - 2017

## Camp Hybrid - August 8-11 Gr. 6-8 \$185

Willow Creek Baptist Church P 705 721-9536  
admin@willowbarrie.com  
www.willowcreekdaycamp.com

Camp _____
Reg. # _____
Team _____
(Office use only)

**CAMPER INFORMATION: Please print information clearly and completely**

First Name: \_\_\_\_\_ Known As: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female  
 Mailing Address: St. & Apt \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Entering Grade \_\_\_\_\_ New Camper at Willow  Y  N  
 School Camper Attends: \_\_\_\_\_ Shirt size: Youth:  YSm  YMd  YLg  
 Adult:  ASm  AMd  ALg  AXI

**PARENT/GUARDIAN INFORMATION:** Email \_\_\_\_\_  Camper  Parent

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone (if different from camper's) \_\_\_\_\_  
 Address (if different from camper's) \_\_\_\_\_

**EMERGENCY CONTACTS:** (Please list phone numbers where you and/or authorized caregivers can be reached the week your child is in Camp)

Name of Primary Contact: \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
 Daytime Phone numbers \_\_\_\_\_ Ext \_\_\_\_\_ and/or Cellular Phone \_\_\_\_\_  
 Name of another contact: \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
 Daytime Phone numbers \_\_\_\_\_ Ext: \_\_\_\_\_ and/or Cellular Phone \_\_\_\_\_

**Sibling(s)** Attending Camp (please indicate whether brother/sister)

\_\_\_\_\_  
 Name of one friend your camper would like to be placed with:  
 (same grade only please) \_\_\_\_\_  
 We attend church:  Seldom  Occasional  Regular  Do Not Attend  
 Church denomination if you attend: \_\_\_\_\_  
*(Example: Baptist, Anglican, Roman Catholic, Muslim, etc.)*

**MEDICAL INFORMATION:**

Does this child have medical conditions, behavior challenges, allergies or medications that we need to know?  
 No  Yes - (please specify): \_\_\_\_\_  
 \_\_\_\_\_  
 Will this child be attending with assistance?  No  Yes

**RELEASE:**

I hereby give my permission for \_\_\_\_\_ (camper's name) to participate in all Willow Creek Youth Camp activities and to receive medical treatment, if necessary. I hereby release Willow Creek Baptist Church and all Youth Camp Staff from all liability. I also give permission for pictures of my child to be taken and used for Youth Camp promotion.  
 Name of parent or guardian (please print) \_\_\_\_\_ Signature \_\_\_\_\_

<b>Before &amp; After Care</b>	<b>P a r t  W e e k</b>	<b>Before Care (8 - 9 am)</b> _____ x \$5 = _____ <small>(# of days)</small> M T W TH F	<b>Amount Owing:</b> Camp Cost: _____ B4 & After + _____ Subtotal = _____ Discount - _____ <b>TOTAL COST \$</b> _____
<b>Full Week Before (8 - 9 am) &amp; After (4 - 5 pm) Care</b> for the entire week = <b>\$40</b> max \$80 per family		<b>After Care (4 - 5 pm)</b> _____ x \$5 = _____ <small>(# of days)</small> M T W TH F	

**Refund Policy:**  
 March - full, April - 75%, after May 1st - **none**  
**Payment plan available upon request**

Amount due (as indicated above) \_\_\_\_\_ Rec'd. By \_\_\_\_\_ Date \_\_\_\_\_  
 Paid by:  Cash  Visa  MasterCard  Debit  Cheque (make payable to Willow Creek Baptist Church)

**Discounts:** **Family Discount:** There is a \$20 discount for 3rd and following children from the same family.