

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: _____

Address: _____

Postal Code _____

Parents' Names: _____

Church and Pastor: _____

Email: _____

Phone: () _____

Office Use

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

Birthdate: (D/M/Y) _____

Check Camp/Retreat Attending:

- | | |
|---|-------------|
| <input type="checkbox"/> Winter Family Retreat | Jan. 26-27 |
| <input type="checkbox"/> Winter Teen Retreat | Feb. 2-3 |
| <input type="checkbox"/> Ladies' Retreat | April 27-28 |
| <input type="checkbox"/> College & Career Retreat | May 11-12 |
| <input type="checkbox"/> Music Conference | May 21-23 |
| <input type="checkbox"/> Maritime G.A.M.E.S | 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 |

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. (\$80/adult includes 10 meals - tent & trailer sites available)

Cabin with Private Bath (4 people or more only - first come, first served - \$97/adult includes 10 meals)

MEDICAL & LIABILITY RELEASE FORM

“Staying on Track 2018” (Please complete this form)

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

Medication taken regularly (please bring in original packaging) _____

Reason for taking medications _____

Allergic reactions: (bee stings, insects, penicillin, etc.) _____ Date of last Tetanus shot _____

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. I give consent to administer necessary medications to my child.”

Parent's signature _____ Medical Insurance # _____

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