

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: _____

Office Use

Age: ____ Grade Next Year: ____ Sex: M F
Birthdate: (D/M/Y) _____
Phone: () _____

Check Camp/Retreat Attending:

- | | |
|---------------------------|-------------|
| __ Winter Family Retreat | Jan. 27-28 |
| __ Winter Teen Retreat | Feb. 3-4 |
| __ Ladies' Retreat | April 28-29 |
| __ Single Adults' Retreat | May 12-13 |
| __ Maritime G.A.M.E.S | May 25-27 |
| __ Men's Retreat | June 16-17 |
| __ Family Camp 1 | July 5-8 |
| __ Teen Camp | July 10-15 |
| __ Junior Camp | July 17-22 |
| __ Family Camp 2 | July 26-29 |
| __ Teen Retreat | Sept. 22-23 |
| __ Couples' Retreat | Sept. 29-30 |

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. (\$75/adult includes 10 meals - tent & trailer sites available)
- Lodge room with washrooms nearby (\$85/adult includes 10 meals)
- Cabin with Private Bath (5 people or more only - first come, first served - \$95/adult includes 10 meals)

MEDICAL & LIABILITY RELEASE FORM

“Jungle Adventure 2017” (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