

REGISTRATION FORM

A \$10 non-refundable registration fee must accompany this form. Please complete ONE FORM PER PERSON per camp/retreat, and 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. 25-26
<input type="checkbox"/> Winter Teen Retreat	Feb. 1-2
<input type="checkbox"/> Ladies' Retreat	April 26-27
<input type="checkbox"/> College & Career Retreat	May 17-18
<input type="checkbox"/> Maritime G.A.M.E.S.	May 30-June 1
<input type="checkbox"/> Men's Retreat	June 14-15
<input type="checkbox"/> Family Camp 1	July 10-13
<input type="checkbox"/> Teen Camp	July 15-20
<input type="checkbox"/> Junior Camp	July 22-27
<input type="checkbox"/> Family Camp 2	July 31-Aug. 3
<input type="checkbox"/> Teen Retreat	Sept. 20-21
<input type="checkbox"/> Couples' Retreat	Sept. 27-28

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 providing our own accommodations. (\$85/adult includes 10 meals / tent & trailer sites available)
 Cabin with private bath (4 people or more only - first come, first served / \$98/adult includes 10 meals)

MEDICAL & LIABILITY RELEASE FORM

“Quest for Treasure Island 2019” (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