# camper info (please print)

Session1: July13-17 Session 2: July 20-24

Pre-registration must be in before **June 5**
**Mail form and payment to:** Sagemace Bible Camp, Box 337 Winnipegosis, MB R0L 2G0 ($10 fee for any cancellations)

Camper: _____

Please circle: Session: **1 / 2** Male / Female

Parent / Guardian: _____

Home ph#: _____

Work ph #: _____

Email: _____

Alternate contact: _____

Phone #: _____

Address: _____

Town: _____ Postal Code: _____

Age: _____ Grade (as of Sept 2026): _____

Birthdate: _____

We will try to accomodate special requests for cabin/activity placement, but due to space restrictions, they cannot be guaranteed.

# activities Please number choices 1-6 (4 will be chosen. Activities assigned as applications are received)

- ☐ Canoes 'n Kayaks
- ☐ Crafts
- ☐ Swimming
- ☐ Wood projects
- ☐ Sports
- ☐ Outdoor Ed
- ☐ Archery
- ☐ Art

# payment

**Preorder Camp shirts!**

**$15 each** Pick up at registration table. Orders MUST be received by June 5. Please indicate quanity & size below:

Youth sizes: ☐ 6-8 ☐ 10-12 ☐ 14-16

Adult sizes: ☐ S ☐ M ☐ L ☐ XL

| | |
|---|---|
| Single Session 1 or 2 | **$175** |
| Each additional child (only before pre-registration deadline) | **$150** |
| Registration per child after June 5 | **$200** |

Total Enclosed **$** _____

# family plan info

Please list other campers included in family registration. (2 or more children from the same family residence)

| Name | Session | Grade |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# medical information (be specific)

Allergies or health problems? _____

Physical, emotional, behavioural considerations (including bedwetting, etc.):

_____

_____

Treatments: _____

_____

If necessary, may the following be administered?

☐ Advil ☐ Tylenol ☐ Neither Immunizations current? **Y / N**

Name of family doctor: _____

Town: _____ Phone: _____

Medical Insurance Number: _____

PHIN#: _____

Alternate emergency contact: _____

Relationship to camper: _____

Phone (h): _____ (w): _____

**NOTE:** In case of an emergency, parents will be notified first.

# terms of enrollment

The acting director reserves the right to dismiss a camper who, in the opinion of the director, is a hazard to the safety and rights of others, and who shows a blatant disregard for the stated camp rules.

As the parent / guardian of _____, I authorize the camp nurse and / or director to obtain such medical advice and services as may be deemed necessary for my child, and I will reimburse the camp for any medical expenses incurred.

Camp reserves the right to hold back campers from activities if attire or behavior is deemed inapproriate.

While all precautions are taken regarding the safety and well-being of all campers in the event of an accident, illness or misfortune that may occur to applicant camper, the directors, camp staff and Nordheim Mennonite Church are hereby released from any liability.

I hereby declare that I have read and agree to abide by the terms of enrollment.

_____

Signature of Parent / Guardian Date

**PRIVACY**

I consent to the use of my child's image in video or print promotional material for Sagemace Bible Camp. ☐ YES ☐ NO

In accordance with the Privacy Act, the information you give is for office purposes only and will remain strictly confidential and will not be shared with other sources. It is for identification and emergency use only. This information will not be kept on file or shared with outside parties beyond a camper's enrollment eligibility, and will be destroyed.

**For office use only :**

Amount paid: _____ Cash / Cheque Single / Family

Balance Owing: _____ Date Received: _____