

Registration form for 2016

Wiı	nter:
Spr	ing:
Sun	nmer:
Fall	l:
For	Office Use Only

Name:		
Address:		
City:	Province:	Postal Code:
Phone #:		**Email:
Age Jan1/2016:	DOB:	Sex: M F
Parent(s)/Guardians:Phone #:		Address:
If attends University/College Address:		City: Province:
Postal Code:		University phone #:
Emergency Name:		Relationship to Camper:
Home Church:		Address:
Roommate Request: (one on	ıly – both must re	equest)
Medical Information: Plea	•	ase complete and send with Registration)
Health Card #:	Fa	mily Physician: Dr
Phone #:	Da	ate of last Tetanus Shot:
a) Any Medical Allergies? Yes List specific type, reaction, trea		
b) Any Medication? Yes o N List Drug, dosage, frequency:	lo 0	
c) Any physical or emotional co	oncerns the nurse	should be made aware of? Yes o No o
d) *Any food allergies? Yes o	No o	

^{*} NOTE: we <u>cannot</u> accommodate specific food preferences ie: *Vegetarian*** All correspondence is by email. Please include valid legible email address.

Fee Information:

Includes: Meals, activities, housing, & supervision.Not Included: Clothing or Tuck Shop items.

Cancellation Policy: - Four weeks prior to camp will be refunded in full.

- less than 4 weeks prior to camp, full fee less deposit (\$50) will be refunded.

Refund Policy: Echo Lake Camp reserves the right to dismiss any camper for behavioral problems at the discretion of the Camp Manager. No refund will be made for dismissal due to disciplinary action, late arrival or early departure.

Fee Calculations:

**Please note: You are NOT registered unti	l you have paid full fee, early bird fee, or deposit.
\$450	stration, a non-refundable deposit of \$50 is required to be registered)\$
\$395 (If paid before July 31)	\$
\$325 (If paid before June 30)	\$
Fee Total:	\$
**2016 Weekend Camp Fee Spring/Fall:	
	o pay in full before April 29 th /September 23 rd)\$
\$100 (Early bird price is for those who wish to	o pay in full before April 29 th /September 23 rd)\$
Registration cut-off date is the Friday before	camp. We will not accept registrations the week before camp.
	Send Registration to:
Susan Zerf (Registrar) 1616 Edenwood Dr. Oshawa, ON L1G 7Y6 (905) 723-4215	
	Conditions of Acceptance:
	pide by all camp rules, submitting themselves to the authority of Echo Lake Camp. ELC rules or threat to personal/peer safety, I will retrieve my child or arrange for pick up at the ELC Manager's decision.
	ood welfare and protection of the camper, I absolve ELC Association and the Free Methodist
immediately notified and will be responsible for any a permission to the staff at ELC to authorize any emergenc	ation, x-ray, or treatment beyond which is possible at ELC, the parent/guardian will be dditional expense for any additional care. In the event that I cannot be contacted, I give
	buted in the Who's Where Camp Directory for Summer Echo 2016. Yes O No O Any exceptions must be discussed with the Camp Manager.
9. I have read all sides of this application form, and hereb	
	acknowledge that this form is good for all camps in 2016, but ELC must receive the camps in 2016. This registration does not register the camper for all camps in 2016
Camper's Name:	Parent(s)/Guardian(s) Signature:
(Signature of camper if 18yrs or older)	