

CHILDREN, YOUTH, CULINARY, HORSEMANSHIP AND ADVENTURE CAMPS

Registration is available online at www.riversedgecamp.org If online registration is not for you, you can fax/mail this form to the contact info on the back of this form. Phone 403.637.2766 with questions.

CAMPER INFORMATION 2012

Last Name: _____ Given Names: _____ Male Female

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Email: _____

Date of Birth: ____/____/____ Age: _____ Grade (Fall 2012): _____ Church: _____
(mm/dd/yy)

Parent/Guardian #1 Full Name: _____ E-mail: _____

Home Ph #: _____ Work Ph #: _____ Cell #: _____

Parent/Guardian #2 Full Name: _____ E-mail: _____

Home Ph #: _____ Work Ph #: _____ Cell #: _____

Emergency Contact Full Name: _____ Relationship: _____

Home Ph #: _____ Work Ph #: _____ Cell #: _____

Authorized Pick Up Persons

1. Name: _____ 2. Name: _____

Phone #: _____ Phone #: _____

Medical / Personal Info

Camper's Health Care #: _____ Immunizations up to date: Yes No

Height: _____ Weight: _____ Primary Physician: _____ Phone #: _____

Check the following medications which may be administered, if necessary:

Tylenol (acetaminophen) Advil/Motrin (ibuprofen) Gravol (dimenhydrinate)

Benadryl (diphenhydramine) Throat lozenges

Required Medications: _____

Allergies: _____

Dietary allergies/restrictions: _____

Activities this camper cannot participate in: _____

Behavioural problems the camp should be aware of: _____

Additional Information

Cabin Mate: _____ (cannot be guaranteed)

Free T-Shirt Size: Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L Adult-XL Adult-XXL

List skill choices in order of preference (Jr. & Sr. High Only)

____ Archery ____ Billy Carts ____ Candle Making ____ Ceramics ____ Drama
____ High Ropes ____ Horseback Riding ____ Model Log Cabins ____ Mountain Biking ____ Orienteering
____ Slip 'N' Slide ____ Sports ____ Wall Climbing

Swimming Experience Level: Beginner Intermediate Advanced

Horsemanship Experience Level: Beginner Intermediate Advanced RE Level One

**** Please complete additional information on back ****

CAMPS (CHECK ONE):	Grade	Dates	Before: Jan 31	Before: Apr 30	After: May 1	
<input type="radio"/> Adventure Camp	Grades 7-12	August 5-10	\$317.00	\$349.50	\$382.00	\$ _____
<input type="radio"/> Culinary Camp (Jr.High)	Grades 7-9	July 15-20	\$385.00	\$417.50	\$450.00	\$ _____
<input type="radio"/> Culinary Camp (Sr.High)	Grades 10-12	August 5-10	\$385.00	\$417.50	\$450.00	\$ _____
<input type="radio"/> Horsemanship Level 1.1	Grades 7-12	July 1-6	\$385.00	\$417.50	\$450.00	\$ _____
<input type="radio"/> Horsemanship Level 1.2	Grades 7-12	July 8-13	\$385.00	\$417.50	\$450.00	\$ _____
<input type="radio"/> Horsemanship Level 1.3	Grades 7-12	July 15-20	\$385.00	\$417.50	\$450.00	\$ _____
<input type="radio"/> Horsemanship Level 2.1	Grades 7-12	July 29 - Aug 3	\$385.00	\$417.50	\$450.00	\$ _____
<input type="radio"/> Horsemanship Level 2.2	Grades 7-12	August 5-10	\$385.00	\$417.50	\$450.00	\$ _____
<input type="radio"/> Junior Camp 1	Grades 3 - 6	July 15-20	\$317.00	\$349.50	\$382.00	\$ _____
<input type="radio"/> Junior Camp 2	Grades 3 - 6	July 29 - Aug 3	\$317.00	\$349.50	\$382.00	\$ _____
<input type="radio"/> Jr. High Camp	Grades 7-9	August 12-17	\$317.00	\$349.50	\$382.00	\$ _____
<input type="radio"/> Sr. High Camp	Grades 10-12	August 19-24	\$317.00	\$349.50	\$382.00	\$ _____

To apply for Emerging Leaders, H.I.M., or Horsemanship Challenge Clinic please register online or call the camp office.

** All Prices Include GST

Sub Total: \$ _____

SCHOLARSHIP TYPE: (If applicable) Church: _____ Camp Community - \$ _____

Scholarship Authorized by: _____ Organization: _____

REGISTRATION FEE minimum of \$100 must accompany application. (Non-Refundable) TOTAL CAMP FEES DUE \$ _____

PAYMENT PROCESS: Pay only Registration Fee (\$100) and then pay balance prior to start of camp. Pay entire Camp Fee

Payment: Cheque Visa Mastercard

Credit Card Number: _____ Exp Date: _____

Signature: _____ Print name as it appears on card: _____

Conditions of Registration

- The Executive Director of Rivers Edge Camping Association reserves the right to dismiss any camper who is deemed to be a hazard to the safety and rights of others or has rejected the reasonable controls of the camp. I, being the legal parent or guardian of the applicant camper, certify that _____ is of a condition to hold to the procedures and policies of the camp.
(Camper's Name)
- While every precaution is taken for the safety and the good health of all campers, Rivers Edge Camping Association, its directors, staff, and volunteers, or the employees of the facilities outside the camp grounds are hereby released from any and all liability in the event of an illness, accident or misfortune that may occur to any camper.
- The signature of the parent or guardian on this application hereby gives permission for Rivers Edge Camping Association and/or its designated party to transport the applicant camper to off-site programming activities or medical attention.
- River's Edge is not responsible for the transportation of your child to or from camp. Parents are responsible for the transportation arrangements for their camper(s). Notify the camp of authorized pick-up person if someone other than the parent or guardian is picking up your camper.
- I also acknowledge that my signature gives authority for the Executive Director or designate to arrange necessary medical attention for my child. I understand that this includes, but is not limited to, injection, anesthesia and surgery. In the event of such an emergency, Rivers Edge Camping Association will attempt to contact the camper's parent or guardian as soon as possible. Every camper must be covered by Provincial Health Care or equivalent medical insurance. The responsibility for any expenses incurred from medical treatment is solely the responsibility of the parent or guardian.
- The medical information is correct to the best of my knowledge, and _____ has permission to engage in all described camp activities except as noted. Yes No
(Camper's Name)
- This information may be photocopied and/or contained in the camp's database for the purposes of authorized health personnel. Yes No
- I would like to receive further information from River's Edge Camping Association. Yes No
- As the parent or guardian of the applicant camper, I give permission for Rivers Edge Camping Association to use pictures or videos of my child for future camp promotion and advertising. Yes No
(If no, please include a recent photograph of your child for identification purposes so that our promotional staff can identify your child and so ensure they are not included in any of our future promotional material.)

Signature: _____

Print Name: _____

Date: _____

WE ARE A PET FREE FACILITY. PLEASE DO NOT BRING PETS ONTO THE PROPERTY.



Rivers Edge Camping Association
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 www.riversedgecamp.org

