

DBC 2012 Kiddie Camp Registration Form

Please mail to Dauphin Bible Camp, Box 686, Dauphin, MB, R7N 3B3

A

Please Print

Returning Camper First time at camp!

Parent Name: _____

Address: _____ Postal Code: _____

City: _____ Prov: _____

Sex: Male Female Phone () _____ - _____ Phone () _____ - _____

Please list children attending with you, please note that parents are responsible for supervising all children they bring with them to Kiddie Camp.

Child 1 - _____

Child 2 - _____

Child 3 - _____

Child 4 - _____

Child 5 - _____

B

Medical # _____ Personal Health Care # _____

Allergies: _____

Other Health problems: _____

To the best of my knowledge my child(ren) is/are in good health. I will notify the camp if my child(ren) is/are exposed to an infectious disease during camp or the three weeks prior to camp.

I agree to allow photographs or video of camp activities, which may include the child in my care, to be used in camp promotional material or brochures.

Parent/Guardian Signature

Date

C

Payment:

Camp Registration Fee please bring a toonie with you to each activity for each child.

\$ _____

Campership donation

Help another child attend camp this summer.

\$ _____

Total

\$ _____

OFFICE ONLY

Amount Paid \$ _____

Distribution Code: I