

REGISTRATION FORM

MOTHERS AND OTHERS

MEN AND BOYS

MOORECROFT CAMP

1563 Stewart Road, Nanoose Bay, B.C. V9P 9E7
Tel: 250-468-7511 Fax: 250-468-1867
email: moorecroftoffice@shaw.ca www.moorecroft.net

PLEASE PRINT

Parent/Guardian Surname:			Parent/Guardian First Name:		
Home Phone			Health Card #		
Street Address			City/Province		Postal Code
Email					
Please list all campers NAME		AGE	GENDER F or M	HEALTH CARD #	Relationship to Caregiver
A Medical Form for EVERY camper MUST accompany this Registration Form					

Please check off Camp you wish to attend					GST # 897063301)
	Mothers and Others Arrive 1pm Depart 3pm	All Ages	July 6-9	3 nights	\$210.00 (includes 5%GST)
	Men and Boys Arrive 5pm Depart 1pm	All Ages	August 6-8	2 nights	\$150.00 (includes 5%GST)

Payments shall be made in cheques or money order. Your registration will be confirmed on receipt of full payment or post dated cheques payable to MOORECROFT CAMP.

REFUND POLICY & CANCELLATION: Payments will be refunded minus a registration fee of \$75.00 upon written receipt of cancellation by the registrar, 3 weeks prior to camp session. No refunds will be made after this time without a doctor's certificate.

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RELEASE AND CONSENT:

I do hereby release and discharge **MOORECROFT CAMP** and **THE UNITED CHURCH of CANADA** of and from all actions, causes of actions, claims, demands and suites howsoever arising, which I may hereafter have arising out of the attendance of

_____ (list family names) at **MOORECROFT CAMP** in accordance with this application and I hereby indemnify and save them harmless for any damages arising out of such actions, claims, demands or suits. In signing this release, I acknowledge the element of risk involved in my family's participating in the activities carried out at **MOORECROFT CAMP** and declare that I am satisfied that all reasonable precautions will be taken by employees of **MOORECROFT CAMP** to minimize such risks.

I hereby declare that to the best of my knowledge my family is in good health and is not being treated for any medical condition that would restrict them from participation in the physical activities to be conducted at **MOORECROFT CAMP** except as stated above and/or below. I further confirm that I will supply any medications, including pain medications or treatment for insect bites that my family may require, together with written instructions as to the use of such medications. I hereby consent to medical treatment on behalf of my family as determined by a physician(s) engaged by **MOORECROFT CAMP** in the event that I cannot be contacted during an emergency.

Date

Signature of Parent/Guardian

I agree that pictures taken at camp may be used for promotional purposes.

Date

Signature of Parent/Guardian

WE LOOK FORWARD TO SEEING YOU AT MOORECROFT CAMP!