CAMP MACLEOD REGISTRATION FORM

Camper Name:
Gender:
Name(s) of parents or guardians:
Address (includingPostal code):
Email Address:
Phone Numbers: (1)
(2)
Date of Birth:
Age (as of July 1)
Health Card #
Home Church:
Clergy:
Can your child swim?
If yes, at what level?
Name and Date of camp wishing to attend:

Parent/Guardian: By signing below, you acknowledge that:

- 1 .All registration forms must be accompanied by a \$25 non-refundable deposit. Campers are registered when cheque has been deposited and cleared. Payment in full is due upon arrival on opening day of your child's camp.
- 2. Although every effort is made to send campers home with all of their belongings, Camp MacLeod is not responsible for any loss or damage.
- 3. Your child will follow all reasonable instructions from the staff of Camp MacLeod while participating in the program.
- 4. Camp MacLeod reserves the right to cancel a child's participation in a camp session if their behavior is deemed unmanageable or dangerous to themselves or others, in which case they will be sent home immediately.

 5. You release Camp MacLeod, its staff,
- volunteers and the Cape Breton Presbytery of and from all manner of actions, claim and demands of whatever nature which result from any loss, injury or expense sustained, arising out of or in any way connected with participation in any program or attendance at a location operated by Camp MacLeod.
- 6. In the event your child is injured, ill or in need of medical attention and you are unable to be contacted, you authorize Camp MacLeod staff to seek medical attention on your behalf.
 7. Prorated refunds apply for early dismissal.
- No refund for early dismissal for misbehavior.

Signature: ______ Date: _____

Date:

You authorize Camp MacLeod to use any photographs taken of your child while participating in Camp MacLeod programs for future promotional metapials.
future promotional materials. Signature:

^{*}A separate health form must be completed and signed for EACH camp attended*