

2021 Camper Registration Form

Thank you for allowing us to help your child Thrive Outside!

★ please fill out one registration form per camper ★
 Questions? Talk to one of our friendly staff by calling (902) 649-2471
 Please complete all sections of this form and return with all necessary supporting documents and payments to:
 Camp Peniel, 415 Cedar Lake Rd., Cedar Lake, NS, B5A 5L8 OR Fax: (902) 649-2347



Camper General Information:

mper Name:		Gender:		Phone: ()
ill this be your first-time attending	summer camp at Camp Peniel? (Y	Yes) (No) Name	e of person you can be bubbled wi	th:	
Nailing Address (box / apt):		(city)		(province)	(postal code)
3irthdate: (mm) (dd)	(уууу)Age t	by camp start date:	Grade entering this fall:	Church you a	attend (if any):
How did you hear about Camp Peni	el (please check all that apply)?	family friend	church poster	website schoo	ol Facebook Instagram
Medical Information:					
Health Card Number:	Fa	amily Doctor's Name:		Family Doctor's Pho	ne Number:
My camper has the following medi	cal concerns: severe allergies	is on regular medication	n has physical, mental, o	r behavioural challenges	dietary requirements
f vour camper is on regular medica	tion(s) please list each medication at	long with the amount taken, the d	osage of the medication, and whe	en during the day it is taken.	
Aedical/Medication information (o	⁻ attach a note). Please list all allergi	ies:			
If you have any preferences or obj	ections concerning over the counter	r medications, please inform the c	amp in writing before the camp s We'll use this	tart date. email address to confi	irm your camper's registration!
* If you have any preferences or obj Emergency and Family (Parent(s) / Guardian(s) Names:	ections concerning over the counter	r medications, please inform the c	amp <i>in writing</i> before the camp s We'll use this Email	tart date. email address to confi	irm your camper's registration!
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* If you have any preferences or obj Emergency and Family (Parent(s) / Guardian(s) Names: Phone: () Other Emergency Contact Name:	ections concerning over the counter Contact Information: This space is for our Registre	r medications, please inform the co Cell/Work: (Other Numbers (amp in writing before the camp s We'll use this Email Relati (if desired):	tart date.	irm your camper's registration! Phone: ()
* If you have any preferences or obj Emergency and Family (Parent(s) / Guardian(s) Names: Phone: () Other Emergency Contact Name:	This space is for our Registre Received:	r medications, please inform the co Cell/Work: (Other Numbers (amp in writing before the camp si We'll use this Email Relati (if desired): (s Enclosed)	tart date. email address to confi conship to Camper: sed:	irm your camper's registration! Phone: ()

Camp	Dates	Ages	Costs	Add Up Your Total	All prices listed include HST!
Leadership - Day	July 12-16th	12-15	\$200.00		★ Sibling Discount ★
Camp					Get \$10 off for every second or consecutive sibling comes to camp! This discount cannot be applied to
Argyle/Pubnico -Day Camp	July 19-23 rd	4-12	\$140.00		the first child and only applies to week-long, day camps.
Kemptville-Day Camp	July 26-30 th	4-12	\$140.00		Confirmation of Registration
Hebron-Day Camp	Aug. 2-6 th	4-12	\$140.00		Once your registration is processed, we will send you a confirmation using the email you provided in t
New Heights-Day Camp	Aug.9-13 th	4-12	\$140.00		contact information section. If no email address is provided, we will send you confirmation by regular mail.
Yarmouth Wesleyan-	Aug. 16-20 th	4-12	\$140.00		
Day Camp					Camper Sponsorships
Scramble- Camp at Home	July 12-16th	6-12	\$40.00		A limited amount of camper sponsorships is available on an "as needed" basis. Please contact the cam office if you desire a Sponsorship Application Form for financial assistance.
Christmas in July- Camp at Home	July 26-30 th	6-12	\$40.00		Camp on the Road Times:
Camp & Explore- Camp at Home	Aug. 16-20 th	2-5	\$35.00		Drop off time is 9:00 am and Pick up time is 4:00 pm. We ask that parents remain in vehicles at drop or and pick up areas. We have limited number of spots so register quickly.
Deposit to Tuck Shop acc			· · ·		Camp at Home:
Pre Order your Care Package (best value) including t-shirt, photo collection, and group photo (\$25.00) *Day Camps only*					Pick up for Camp at Home bags will be by appointment only. Information will be provided about pick
Please circle T-shirt size: (, , ,	1 L XL			dates upon registering. We have limited of bags so register quickly.
Pre Order your T-shirt: ple (Adult): S M L XL (\$20.	• •	· ·	nly) S M. L		
Pre Order your Camp We	ek Photo Collection (\$5.	00) *Day Camps only	*		
Pre Order your 5X7 Camp	Week Group Photo (\$5.0	00) *Day Camps only	*		
Tax deductible donation t	o our Send a Kid to Cam	p sponsorship fund (optional)		
sibling Discount* \$10 ا	per week for 2 nd or conse sibling's name:	ecutive sibling. *Day	Camps only*		
			Total Fees:		
ayment Options:	★Camp Peniel reg	uires a minimum \$5	0.00 deposit per week	toward registration fe	』 ees in order to secure a spot ★
1ethod of Payment: □Ca	•	que (made out to Car	• •	□ Money Order	Visa Astercard

I want my card charged \$____

Card Number: _____

Expiry:

The Fine Print: Policies, Waivers, and Conditions of Enrolment

If a credit card is on file for an outstanding account, Camp Peniel reserves the right to charge that card within one week of a camp's start date. If a camper cancels more than two weeks prior to their camp start date, we will refund all money except for the registration deposit (\$50). If a camper cancels less than two weeks prior to their camp start date, no refunds will be given. Registration fees may be transferable between camp weeks or siblings where space is available, but no guarantees can be made. No refunds or discounts will be given for late arrivals or early departures. Due to Covid-19 no money will be collected on registration day for all camps. If boxes are being shipped, they must be paid in full by the registration closing date. If boxes are being picked up, they must be paid in full before picking up. (This pertains to Camp at Home). All medication must come to camp in original packaging from the pharmacy. When arriving at the camp, ALL medication must be surrendered to medical personnel who will administer ALL medicine. Over the counter medications will be used at the discretion of the medical staff for the following symptoms (unless otherwise indicated in writing by parent/guardian): colds, coughs, congestion, pain, headaches, fever, stomach upsets, nausea, vomiting, diarrhea, rashes, allergies, cuts, scrapes, and burns. The Interim Managing Director reserves the right to dismiss a camper (without refund) who in his/her opinion is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp. The Interim Managing Director reserves the right to dismiss a camper (without refund) who in his/her opinion is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp during any live meetings. The safety and security of all our guests is always of the highest priority. The parent/guardian agree for my child to participate in any live meetings. (This pertains to Camp at Home). The safety and security of all our guests is always of the highest priority. The parent/guardian certifies that the applicant camper is normal in condition and habits and is amenable to necessary discipline. Failure to disclose problems at time of application could result in dismissal. The parents/guardians signing submitting this form are those having primary legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any court order referring to visitation rights. I, the parent or primary legal guardian of the named participant on this form, release Camp Peniel Society, its trustees, directors, corporation members, staff, and agents from any loss, personal injury, accident, misfortune or damage to the named participant on this form or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named camper on this form. Each camper must be covered by NS Medical Services Insurance or equivalent. The signature or digital signature of the parent/guardian on the application shall give the Interim Managing Director permission to arrange for any special services and / or medical attention necessary for the welfare, good health and best interest of the camper named in this form. The Parent(s)/ Guardian(s) will be responsible for any additional expense that may result from such services. Lagree to permit reasonable use of photos and videos or other pictures of applicant camper in promoting the camp or camp activities and programs. agree that any information collected will only be used by Camp Peniel for the specific purpose of providing your child with a memorable camp experience. In order to do so, Camp Peniel may need to share sensitive information with its staff and appropriate medical personnel. My signature certifies that I have read and accept these policies, waivers and conditions and that I am legal primary guardian of the guest listed on this document. Please note that registration forms will not be accepted without the signature required below.

Name on card:

Signature of Parent/Guardian: