



2024 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:

Camper Name: _____ Gender: _____ Phone: () _____

Will this be your first time attending summer camp at Camp Peniel? (Yes) _____ (No) _____ 1 Cabin Mate Request (not guaranteed): _____

Mailing Address (box / apt): _____ (city) _____ (province) _____ (postal code) _____

Birthdate: (mm) _____ (dd) _____ (yyyy) _____ Age by camp start date: _____ Grade entering this fall: _____ Church you attend (if any): _____

How did you hear about Camp Peniel (please check all that apply)? _____ family _____ friend _____ church _____ poster _____ website _____ school _____ Facebook _____ Instagram

Medical Information:

Health Card Number: _____ Family Doctor's Name: _____ Family Doctor's Phone Number: _____

My camper has the following medical concerns: _____ severe allergies _____ is on regular medication _____ has physical, mental, or behavioural challenges _____ dietary requirements

If your camper is on regular medication(s) please list each medication along with the amount taken, the dosage of the medication, and when during the day it is taken: _____

Medical/Medication information (or attach a note). Please list all allergies: _____

* If you have any preferences or objections concerning over the counter medications, please inform the camp *in writing* before the camp start date.

Emergency and Family Contact Information:

We'll use this email address to confirm your camper's registration!

Parent(s) / Guardian(s) Names: _____ Email: _____

Phone: () _____ Cell/Work: () _____ Other Phone: () _____

Other Emergency Contact Name: _____ Relationship to Camper: _____

Phone: () _____ Other Numbers (if desired): _____



This space is for our Registrar. Please do not fill in these blanks.

Received: _____ Confirmed: _____ Enclosed: _____ Due: _____

Sponsor: _____ Due: _____

Camp	Dates	Ages	By April 27 st	After April 27 st	Add Up Your Total
Mini Camp 1	July 7-9	7-9	\$160.00	\$180.00	
Mini Camp 2	July 10-12	10-12	\$160.00	\$180.00	
Scooter 1 (day camp)	July 15	5-11		\$30.00	
Scooter 2 (day camp)	July 16	5-11		\$30.00	
Scooter 3 (day camp)	July 17	5-11		\$30.00	
Scooter 4 (day camp)	July 18	5-11		\$30.00	
Scooter 5 (day camp)	July 19	5-11		\$30.00	
Activate	July 21-26	9-13	\$355.00	\$405.00	
Scramble A	July 28-Aug 2	7-12	\$340.00	\$390.00	
Scramble B	Aug 4-9	7-12	\$340.00	\$390.00	
Teen	Aug 11-15	13-17	\$300.00	\$350.00	

All prices listed include HST!

★ Sibling Discount ★

Get \$50 off for every second or consecutive sibling comes to camp! This discount cannot be applied to the first child and only applies to week-long, overnight camps.

★ Multi-Week ★

Get \$100 off a second week of camp! This discount only applies for week-long, overnight camps. This discount cannot be transferred to other registrants.

Confirmation of Registration

Once your registration is processed, we will send you a confirmation using the email you provided in the contact information section. If no email address is provided, we will send you confirmation by regular mail.

Activate! Option (please select one)

- Cooking (limit 15)
- Model Rockets
- Canoeing (CANSPEI Canoeing Certification Given)
- Pinteresting Crafts and Drawing
- Wilderness Activities

Camper Sponsorships

A limited amount of camper sponsorships are available on an “as needed” basis. Please contact the camp office if you desire a Sponsorship Application Form for financial assistance.

Deposit to Tuck Shop (camp store) account for spending money (recommended amount: \$5.00 per day)	
Pre-order your Care Package (best value) including: t-shirt, photo collection, and group photo (\$25.00) Please circle t-shirt size: (youth) S M L (adult) S M L XL	
Pre-order your T-shirt - please circle size: (youth) S M L (adult) S M L XL (\$20.00)	
Pre-order you Camp Week Photo Collection that includes over one hundred photos from the week (\$5.00)	
Pre-order your 5x7 Camp Week Group Photo (\$5.00)	
<i>Tax deductible donation to our Send-A-Kid to Camp sponsorship fund (optional)</i>	
★ Sibling Discount ★ \$50 per week for 2nd or consecutive sibling - sibling's name: _____	
★ Multi-week Discount ★ \$100 per week for 2nd week at camp. Previous week attended: _____	
TOTAL FEES:	

Discounted Rates

Please note that in order to qualify for the pre-April 27th prices, all registration fees must be **paid in full** by April 27th . If you are not paying in full by that date, select the registration fee assigned to the “After April 27th” section. All fees must be paid by the first day of your camp.

Payment Options: **★Camp Peniel requires a minimum \$100.00 deposit per week toward registration fees in order to secure a spot ★**

Method of Payment: Cash Cheque (made out to Camp Peniel) Money Order Visa Mastercard

I want my card charged \$ _____ Name on card: _____ 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 (\$100). 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. 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 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 safety and security of all our guests is always o 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 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. I agree to permit reasonable use of photos and videos or other pictures of applicant camper in promoting the camp or camp activities and programs. I 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.**

Signature of Parent/Guardian: _____

Date: _____