



2018 CAMP ABEGWEIT - Camper Registration Form
*An ecumenical camp sponsored by The Maritime Conference
of the United Church of Canada and P.E.I. Presbytery*

Mission Statement

As a primary means of addressing our biblical calling, we minister to people of various ages and stages of life through the riches of camping experience. As a church committed to offering quality Christian education programs, we provide an environment of safety, love, and respect, where Christ's loving presence can be celebrated and shared.

Camper Information:

First Name:	<input type="checkbox"/> Returning Camper
Last Name:	<input type="checkbox"/> New Camper
If you're a new camper, how'd you hear about camp?	
Mailing Address:	Date of Birth: (D/M/Y)
City/Town:	Age: Grade Entering:
Province:	Gender:
Postal Code:	Home Church(if applicable):
Home Telephone:	Cabin Mate:
Primary Contact:	Camp Week:
Address:	Swimming Ability
Phone - Home: Cell:	<input type="checkbox"/> Non Swimmer
Email:	<input type="checkbox"/> Swimmer Red Cross level _____
EXTRA <i>Hoodies and sweatpants can be ordered for an additional cost. They MUST be ordered by June 30th to ensure delivery on the first day of Camp.</i>	Camp Abby T-shirt: Please choose size YOUTH - S M L XL ADULT - S M L XL
<input type="checkbox"/> Hoodie (navy blue) - \$30.00 Size: _____	
<input type="checkbox"/> Sweatpants (navy blue) - \$30.00 Size: _____	

Registration:

1. Register directly on-line at <http://www.campabby.ca>
2. Obtain a registration form at <http://www.campabby.ca> ,or your local church.
Complete this form and mail along with payment to our camp registrar at:

Camp Abegweit Registrar, c/o Krista Wood P.O. Box 352, Kensington, PE C0B 1M0

You will be notified by the registrar shortly after your registration form has been received by mail or email. However, registration is only considered complete when final payment, medical information and signed waivers are received by the registrar.

Need help to attend camp? On an individual basis, the camp may be able to provide some financial assistance for your child to attend Camp Abby. Your request should be made to the registrar, Krista Wood, at 902-836-3310 or by email at: campabbyregister@gmail.com

CAMPING WEEKS:

Camper Name _____

Please check on the table below the camp(s) for which you are registering your child.

Note the early registration discounted rate expires May 31/18!

✓ Week	Camp Week	Age Group	Camp Length	Registration Fee	Early Registration Fee until May 31/18
	July 8-13	Ages 7-12	5 days	\$315.00	\$290.00
	July 15-20	Ages 7-12	5 days	\$315.00	\$290.00
	Jul 23-25	Ages 5 - 7	3 days and 2 overnights	\$215.00	\$190.00
	July 29-Aug. 3	Ages 7-12	5 days	\$315.00	\$290.00
	Aug 5-10	Tween Camp (ages 11-13)	5 days	\$315.00	\$290.00
	Aug 12-17	Teen Camp (ages 13 – 16)	5 days	\$315.00	\$290.00
	Day Camps	Ages 7-12	7:30 am to 5:00 pm	\$40.00 per day	N/A
**Family rate is for 2 or more children from the same family attending a camp. For the 5 day camps the rate is \$580.00 for the family and \$380.00 for the 3 day camp HST included.					

PAYMENT OPTIONS:

- Cheque(s) payable to **Camp Abegweit**, _____ one lump sum _____ two installments
(Installments - one half with registration and the balance by cheque post-dated prior to June 30/18)
- Cash – delivery to be arranged with registrar – Krista Wood
- Credit card: ___ Visa ___ MC Amount: _____ Card # _____
Card Holder Name: _____ Signature: _____ Expiry date: _____
- e-transfer to durdle@eastlink.ca

OR : Telephone registrar – Krista Wood at 902-836-3310 to give credit card numbers.

Other payment arrangements may be made in consultation with the registrar.

Refund Policy - If your child does not attend camp after registering, the following policy regarding refunds will apply:

- Notification within ten (10) days prior to your child’s scheduled camp, 80% refund. After this deadline, no refund will be given.
- An appeal to this ruling may be made in writing to the Board for consideration by September 15 of that camping year.

Please note:

Our registration fees do not cover the costs of operating our camp. It is approximately double our current registration fee. We depend upon donations from our churches, groups and individuals to help keep our prices reasonable so families are able to send their children to camp. Any donation over \$10 will receive a tax receipt. We appreciate any support you can provide us to help sustain our camping program.

Need additional Information?

Regarding Registration or the Camp Program – Contact Krista at 902-836-3310, email campabbyregister@gmail.com

2018 Contact Information, Medical Form, and Waivers

Camper's name: _____ Camper's family Doctor: _____

Health Card number: _____ Telephone: _____

Parent Guardian Information:

Parent/Guardian:	Phone - Work:	Cell:
Parent/Guardian:	Phone - Work:	Cell:
Alternate Emergency Contact: (a name not listed yet) Relationship to camper:	Phone - Work:	Cell:

Is there a joint custody arrangement or other custodial information that the Directors need to be aware of? If so please give details. _____

If anyone other than the parent/guardian will be picking up the camper, please indicate who has permission to transport the camper from Camp? _____

1. Medical Information

The Directors require the following information to ensure that your son or daughter has a safe camping experience and that the camp staff responds appropriately in any emergency situation.

Any information provided is confidential and shared only on a need to know basis.

a. My child is able to participate in an active program without limitations. **YES / NO**
If NO, please describe your child's limitations _____

b. Has your child been homesick when away from home overnight? **YES / NO**

c. Please list and describe, if necessary, **any** conditions which may in any way affect your child's camping experience such as such as bronchitis, convulsions, concussions, asthma, fainting, ADHD/ADD, heart disease, diabetes, headaches, bed-wetting, menstrual problems, sleep walking, or ear infections.

d. Does your child have any allergies or allergic reactions? **YES/NO**
If YES, please describe _____

e. Does your child have any food allergies, sensitivities or dietary needs: Please be specific. _____

f. Does your child carry an Epi-pen? **YES /NO**
If YES, What is your child allergic to and what response is required? _____

g. Are immunization shots/tetanus shots up to date? **YES /NO** Date: _____

2. Medication:

Will your child be required to take any medication while at camp? **YES / NO**

All medication is to be given to the Camp First-Aid Coordinator upon arrival at camp. All medication will be administered by the camp’s First Aid Coordinator. Medication is kept in a locked cabinet and will be administered according to parent/guardian’s instructions as indicated below and confirmed on registration day.

Please list any medication(s) your child will be bringing to camp:

3. Special Needs

If your son/daughter requires additional supports while attending school, while at camp he/she may also require additional support to have a successful camping experience. The Directors would be pleased to meet with you prior to the beginning of camp so that adequate preparation can be made for your child. Please describe any extra support which you feel that your child may need while at camp:

4. Camper Safety:

Campers are **not** permitted to bring any item to camp which may endanger the health and safety of campers. When there is a suspicion that a camper has any such item the **Camp Directors** have the authority to search the belongings of the camper in question. If any item is found, the camper will be sent home immediately and the proper authorities informed for follow-up.

5. Parental/Guardian Consent: Please initial at the end of each section that you give consent to and sign at the bottom.

A. Emergency medical response:

Experience has shown that in conjunction with camp week activities, illness or accidents may occur and immediate medical attention is necessary. I indicate below my permission for the official in charge or his/her deputy to make necessary arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

I consent: _____

B. Minor medication:

At times it may be necessary for the camp’s First Aid Coordinator to administer over the counter medications such as ibuprofen (commonly known as Advil), acetaminophen (commonly called Tylenol), diphenhydramine hydrochloride (commonly known as Benadryl), cough drops, or anti-acid to treat minor health concerns. I hereby give permission indicate below for these products to be given as required.

I consent: _____

C. Photo Release: Camp Abegweit promotes its programs through the use of printed material, Facebook, videos and on the Camp’s web-site. To do this, photographs and videos of campers participating in various activities will be taken. I indicate below on my behalf and on behalf of my child/ward transfer any and all rights, including copyright, for this material to Camp Abegweit.

I consent: _____

D. Overnight camping in woods

I, on my behalf and on behalf of my child/ward, give permission to Camp Abegweit to include my child/ward in the overnight tenting program in the Camp’s woods which is part of the Outdoor Life program. **I consent:** _____

I agree it is my responsibility as a parent to provide the Camp Directors with all pertinent information related to the above and will update this information when my child registers on opening day of his/her camp.

Parent/guardian signature: _____ **Date:** _____