

Ketchen Lake Bible Camp Registration Form

MAIL TO: Ketchen Lake Bible Camp c/o Carol Steppan Box 189, Endeavour, SK S0A 0W0

PLEASE PRINT CLEARLY

Last Name _____ First Name _____

Mailing Address _____

Town/City _____ Province _____ Postal Code _____

Phone _____ Email _____

(acceptance letter will be sent via email so MUST be included)

Birthdate _____ Age _____ M / F _____ Home Church _____
(DD/MM/YYYY)

This is my _____ year at KLBC! Cabin Mate request (only one please) _____

If you are a first time camper, how did you hear about KLBC radio (____ station) friend family other (specify) _____

Parent/Guardian #1 _____ Parent/Guardian #2 _____
 Home _____ Home _____
 Work _____ Work _____
 Cell _____ Cell _____

Camps

- Teen Camp (14-18 years)
- Junior Teen Camp (12-14 years)
- Intermediate Camp (10-12 years)
- Squirt Camp (7-9 years)
- 24/7 Camp (Christian Teens 12-18)
- Sports Camp (Athletes 10-18 years)
- Camp Camo (12 - Adult)

SKILLS SIGN UP														
Please choose in order of preference 1, 2, 3, A - alternate	Archery	Canoeing/ Kayaking	Crafts	Nature	Photography	Remote Control Cars	Riflry (pellet gun)	Rocketry	Sign Language	Speed Stacking (cup stacking)	Sports	Trampoline	Water Fun Time	Wilderness Survival
Teen														
Junior Teen														
Intermediate														
Squirt Camp														
<small>Kids will have the chance to experience all the different "skill" activities during Squirt camp so do not have to choose.</small>														

Medical Record & Waivers

Name _____ SK Health Card# _____

Alternate contact if parents cannot be reached:

Name _____ Phone _____

Doctor _____ Phone _____

Any reason to restrict camper's activities at camp? Yes/No Explain
 Has the camper been under medical care in the past 2 months? Yes/No Explain
 Is the camper on prescription medication? Yes/No Explain

If camper is subject to any of the following please circle and explain on a separate page:
 bedwetting, sleepwalking, fainting, bronchitis, skin disease, diabetes, convulsions, epilepsy,
 hay fever, frequent colds, kidney trouble, ear trouble, asthma, headaches, nightmares, hysteria,
 other.

Allergies? Please specify _____
 Additional information on separate page? Yes/No _____

- I/We hereby:
- a) authorize the Camp Medical Staff and/or director to obtain such medical advice and services as may be deemed necessary for the health/safety of my/our child, and will reimburse the Camp for any expenses incurred
 - b) agree to not hold the Ketchen Lake Bible Camp, its Board of Directors, officers, employees, agents, or volunteers liable for any accident, sickness or injury occurring at Camp
 - c) waive any right of action against any of the above on behalf of myself/ourselves and on behalf of my/our child

Signed this _____ day of _____ 2017

parent/guardian

parent/guardian

Fees <small>(canteen included)</small>	by May 31	after May 31	Total
Single	\$170	\$185	
Family	\$430	\$470	
Squirt Camp	\$155	\$170	
		Total	
<small>cash</small>		<small>cheque</small>	<small>money order</small>

Registration Notes

- Please check and call Carol Steppan (306-547-4268) if you need financial assistance in sending your child to camp
- * Send all forms in together when registering for the family rate
- * Family rate doesn't include campers attending more than one camp/year
- * No refunds after June 15th
- * KLBC reserves the right to use any pictures taken at camp for promotional purposes.
- Please check if you DO NOT want any further correspondence from KLBC or its associated churches.

For Office Use Only Date Received _____
 Paid by Cheque # _____ M/O _____ Cash _____ Sponsored _____