



Medical Information: (THIS INFORMATION MUST BE SUPPLIED)

Family Doctor's Name \_\_\_\_\_ Dr's Tel# (\_\_\_\_) \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_ (If known)

Camper's Health Card No. \_\_\_\_\_

Name as it appears on Health Card \_\_\_\_\_

Medication(s) being taken \_\_\_\_\_

For the safety of all campers ALL medications must be clearly marked with the camper's name and dosage. The nurse will be responsible for safe storage & dispensing.

CONDITIONS OF REGISTRATION

1. WAIVER AGREEMENT: While every precaution shall be taken to ensure the good welfare and protection of the camper, Ontario Christian Assembly Incorporated, its directors, board members, staff, employees and supervisory personnel are hereby released from any or all liability in the event of injury, illness, or misfortune, including loss of property, to the camper.
2. HEALTH AND MEDICAL: The parent/guardian certifies that the camper is in good health, normal in condition and habits, and is amenable to camp life. By signing this form the parent/guardian is giving the camp staff the right to obtain medical treatment for the camper, if required, while attending the camp and the parent/guardian is responsible for all costs incurred.
3. DISMISSAL: The camp dean reserves the right to dismiss a camper who, in his/her opinion is a hazard to the safety and rights of others or who appears to have rejected reasonable controls of the camp.
4. CAMP STATEMENT: As a Christian non-profit charitable camp, we encourage campers to think about spiritual values as presented in the Bible and to apply them in practical ways while enjoying wholesome, vigorous activities. We welcome campers of all races and creeds.
5. ACCEPTANCE OF CONDITIONS: By signing this form the parent/guardian accepts these conditions and acknowledges they have read and understand the registration form and camp information.

Signature(s) of Parent(s) / Guardian(s) \_\_\_\_\_, 2008

Date Signed

Week of Camp: ( ) Senior ( ) Jr. High ( ) Junior ( ) Primary

Registration Fee Enclosed (minimum deposit \$20.00) \_\_\_\_\_

( ) Cheque ( ) Money Order/Bank Draft ( ) Cash (Note: Please do not mail cash)

The family maximum cost for 2008 summer youth camps is \$400.00. To qualify for this special rate, all campers must be registered at least 3 weeks before the first family member attends their week of camp.

Mail completed and signed this form with your cheque made payable to:

Ontario Christian Assembly Inc.  
Box 194, Selkirk, ON N0A 1P0

Business phone: (905) 776-3847

email: camp@ocainc.ca [www.ocainc.ca](http://www.ocainc.ca)

Please remember to fully complete both sides of this reg. form. Do you wish a receipt at year-end? Y/N \_\_\_\_\_

During the week of summer camp, mail may be sent directly to your camper at:

c/o OCAI. R.R.#4,  
Box B-1, Shelburne, ON  
L0N 1S8

Phone number only during camp 519-925-5901