



2012 SNOBLAST REGISTRATION



Elementary
February 10-12 (grades 2-6)
PRICE: \$70

Jr./Sr. High
February 17-19 (grades 7-12)
PRICE: \$80

Send completed form to Malagash Bible Camp, RR#1, Malagash, N.S, B0K 1E0. (Fax: 1.902.257.1805.)
For further information, call 1.902.257.2838. Use a separate form for each camper.

Camper's Name

Address				Rural Route #	
City/ Town			Province		Postal Code
Phone		Emergency Contact		Email	
Date of birth		Month	Day	Year	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Mother's work phone #		Grade entering in September, 2012: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> post secondary <input type="checkbox"/> none			
Father's work phone #					
Name one preferred cabin mate:				Church affiliation, if any:	
Is this your first time registering at Malagash Bible Camp? <input type="checkbox"/> yes <input type="checkbox"/> no					

MAIN FEE:	\$
Tuck:	\$
Total	\$

Please charge my VISA / Mastercard

Card No.	Expiry
Print & Sign (<i>name on credit card</i>)	\$ Amount

MEDICAL INFORMATION

Medical information is gathered to assist our first-aid attendant, who will only share it when he/she deems it necessary to affectively administer treatment. **All medications are to be given to the first-aid attendant at registration.**

Camper's Name		Attending camp the following dates:
Nova Scotia Health Card #	Expiry Date	Can Acetaminophen (example brand name 'Tylenol') be administrated as per bottle's dosing guidelines, if deemed necessary? <input type="checkbox"/> yes <input type="checkbox"/> no
Does your child need to take medications during camp? <input type="checkbox"/> yes <input type="checkbox"/> no		Can Diphenhydramine (example brand name 'Benadryl') be administrated as per bottle's dosing guidelines, if deemed necessary? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please list medications with dose and time:		Can Ibuprofen (example brand name 'Advil') be administrated as per bottle's dosing guidelines, if deemed necessary? <input type="checkbox"/> yes <input type="checkbox"/> no
		Can Dimenhydrinate (example brand name 'Gravol') be administrated as per bottle's dosing guidelines, if deemed necessary? <input type="checkbox"/> yes <input type="checkbox"/> no
Does your child have any allergies? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, could you briefly describe how your child has reacted to the specific stimulant(s).		
Does your child have any medical conditions and/or disabilities (behavioral, physical, etc.)? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, please state condition. If applicable, bring written guidelines at registration indicating how to deal with any specific situation that may commonly occur with your child.		
Family physician and his/her contact number(s)	In case of emergency, please call	

I, as guardian, give consent for emergency and first-aid treatment to be administered to my camper as needed.

*Signed:

CONDITIONS OF ENROLLMENT

1. The Camp Director 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 the reasonable controls of camp.
2. Any applicable conditions of custody or visitation must be fully communicated in writing to the camp, including, if applicable, a photocopy section of any court order referring to visitation rights. The signature on the registration form signifies that both parents/guardians are in agreement with the conditions of enrollment.
3. Care is taken for the safety and good health of campers, but in the event of accident or sickness, Malagash Christian Fellowship/Malagash Bible Camp, including board of directors' members and camp staff, are hereby released from any liability. Each camper must be covered by provincial health insurance, or equivalent medical insurance.
4. In the event that a camper requires special medication, x-ray or treatment beyond that which is available at camp, the parents/guardians will be notified immediately and will be charged with the additional expenses of these required medications and/or treatments.
5. In case of medical emergency, I hereby give permission to a physician selected by the camp director to hospitalize, secure proper treatment, and to order injection, anesthesia or medical treatment for my child named above.
6. Malagash Bible Camp does not accept campers who have potentially life-threatening conditions.
7. In case of withdrawal during camp on physician's order, two thirds of the fee for the unexpired term will be refunded. No refund will be given for dismissals due to disciplinary action, late arrivals or early departures.
8. All programs require a minimum number of participants before they will run. In case of cancellation of a session, campers will be notified and all fees paid will be refunded.
9. If a camper wishes to cancel his/her registration, fees will only be refunded in case of an emergency situation, or if the registrar or camp is notified **14 days** in advance of the opening date for the particular camp.
10. I give permission for Malagash Bible Camp to use any image or likeness of my child for promotional material.

I, as guardian, have read, understood and accepted the conditions of enrollment as stated above:
(Signature required to process registration.)

*Print & Sign:

Date