

## Registrar

Sparrow Lake Camp,  
PO Box 10039, Alliston, ON L9R 0B7  
email: slcregistrar@sparrowlakecamp.com  
Tel: 705-434-2113 Fax: 416-283-7975



A separate form and fee are required for each child and each camp session. Please read the conditions of enrollment below. Payments can be made by personal or certified cheque, money order, Visa or Mastercard (please provide credit card information at bottom of this form).

**Camp Programs:** Traditional Camp  Sailing  Pee-Wee A  B   
One Week A  One Week B  Family Camp

**Camp Sessions:** 1  2  3  4  **LIT:** A  B

Name of Camper: \_\_\_\_\_ Boy  Girl

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birth Date (dd/mm/yy): \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Sparrow Lake United Church Camp is committed to the principles of integration and inclusion. Please indicate any special needs your child may have (medical, personal, disability, social etc.). Provide a separate page if necessary. \_\_\_\_\_

### Conditions of enrollment

1. Registration must be accompanied by a non-refundable deposit of \$100.00, and a post dated cheque for the balance of the total camp fees dated May 1, 2008. Any N.S.F. cheques will incur a \$25 charge. If payment is made by VISA or MASTERCARD please fill in and sign the section on the reverse. Registrations after May 1, 2008 must be accompanied by a full payment.
2. All camper forms must be received by the registrar on or before May 1, 2008. **Failure to complete these forms could result in your registration being cancelled.**
3. The deposit is non-refundable. If a written cancellation request is received at the registration office 14 days or more prior to your child's departure for camp, the camper fee less registration fee will be refunded in full.
4. The Camp Director reserves the right to dismiss a camper who, in his/her opinion has displayed unacceptable behaviour and/or has not complied with the rules of camp.
5. The parent(s) or guardian(s) submitting this application are those having legal custody over the child. Conditions of custody and access, if applicable, should be fully communicated in writing to the camp.
6. I hereby give permission and legal right to Sparrow Lake United Church Camp for the use of and ownership of any written or audio-visual material, and photographs of the enrolled camper for publicity and promotional purposes.
7. I give permission for my child to leave the camp property for overnight camping trips that occur offsite. (Traditional, Sailing, LIT programs only)
8. As a condition of acceptance of the above-named camper, I/we agree to indemnify Sparrow Lake United Church Camp in respect of any loss or injury to the camper, and to assume full responsibility for medical and other expenses in the event of illness or accident. In case of surgical emergency, I/we hereby give permission to the physician selected by the Camp Director, Camp Nurse or Group Leader, to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child, as named on reverse. I also give permission for the Camp's nurse to administer non-prescription medication within recommended dosage if required.
9. Sparrow Lake United Church Camp does not host or sponsor a social networking site, nor does the camp endorse or provide the use of the camp name, images or logo. The use of the registered camp name or logo is not allowed without written permission of the Sparrow Lake United Church Camp Board of Directors.  
I have read and agree to the Conditions of Enrollment.

Signature: \_\_\_\_\_ Date: (dd/mm/yy) \_\_\_\_\_

**Note:** This registration form must be signed by a parent or guardian.

### Credit Card Payments

VISA  MASTERCARD

Cardholder Name: \_\_\_\_\_

Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Signature: \_\_\_\_\_

(By signing I agree to Sparrow Lake Camp charging the \$100 deposit against this card immediately and the remainder of the payment on May 1, 2008).