



Camp Columbia Christmas Retreat 2009

Please fill in form **clearly** and **completely**.
Registrations must be received by December 1,
2009; no exceptions.

First Name: _____ Last Name: _____

Birthday: _____ Grade: _____ Home phone: _____
(dd/mm/yy)

Address: _____ Postal Code: _____

BC Health Care: _____ Email address: _____

Parent/Guardian Name(s): _____

Emergency contact: _____

Emergency phone: _____

Allergies, Dietary, Medical Concerns, or Challenges with Program:

Parent or Guardian:

My signature below consents to the following:

I understand that every effort will be made to contact me in case of a medical emergency. I hereby consent to have my child named on this form treated at a recognized hospital. I consent to over the counter medications, if necessary, (eg. Tylenol), as approved by the Registered Nurse on site or by a local physician. To the best of my knowledge I have informed Camp Columbia of all details about my child's health and will contact camp regarding any changes before camp. I recognize that Camp Columbia will do its best to ensure a safe experience. I hereby release Camp Columbia and its staff and Board from any responsibility and liability of any nature resulting from my child/self/ward's participation in any activity.

Date: _____ Parent/Guardian
Signature: _____

You will have a confirmation **email** sent to you upon receipt of your registration form **AND** cheque in the amount of \$75.00/\$85.00 made out to **Camp Columbia**. Until we receive **both**, you will not be registered. Your confirmation email will have all the other details you will need. The ferry cost is not included in this price.

We are looking forward to seeing you there! Anyone aged 13 to 17 is welcome.

Camp Columbia: Box 9-5, Thetis Island BC, V0R 2Y0

Shannon: admin@campcolumbia.com;

Ph: 1-866-946-3751 Fax: 250-246-9621