



AWANA
Excellence Camp 2010
at Awana Landing, Dunchurch, ON

OFFICE USE ONLY
Reg. Amt. _____
Bal. Due _____
Conf. Sent _____
Week 1/2 _____
Waiting List _____

Registration deadline, June 11, 2010

Indicate first choice and second choice (if any): ____ July 5-9, 2010 ____ July 12-16, 2010
M D Y

Name _____ Age ____ Birthday ____/____/____ (circle one) Male Female

Address _____ Apt/Unit # _____

City _____ Prov. _____ Postal Code _____ Phone (____) _____

E-mail address _____ T-Shirt Size (circle one) C-Lg A-Sm A-Med

Check here to verify that camper has received the Excellence Award and is going into grade 5 this fall: ____

Church/Chapel where you attend Awana _____ Church ID # _____

Been away to camp before? ____ Where? _____

Mother/Father _____ Phone(____) _____

TOTAL CAMP COST: \$265 (\$50 non-refundable registration fee to accompany this application + \$215 camp fee payable at camp = \$265)
If your first choice is filled, you will be offered your second choice. If both weeks of camp are full, your registration fee will be refunded.

MEDICAL HISTORY (MUST BE FILLED IN)

Name _____ Health Card # _____

In emergency notify: _____ Phone(____) _____

Family Doctor: _____ Phone(____) _____

Physical condition of camper -- check and give details on back or separate sheet.

Allergies ____ Asthma ____ Stomach problems ____ Heart Condition ____ Epilepsy/nervous system ____ Eye/ear/nose/throat (circle one) ____

Rheumatic fever ____ Diabetes ____ Frequent colds ____ Recent surgery ____ or hospitalisation (state cause) _____

Date of last Tetanus shot M ____ D ____ Y ____ (required / 10 years) Dietary restrictions, if any _____

List any medications normally taken _____

Should restrictions be placed on camper's swimming, diet or sports activity? _____ (if yes, give details on back or separate sheet)

DO NOT SEND YOUR CHILD TO CAMP IF EXPOSED TO CONTAGIOUS DISEASE WITHIN 3 WEEKS PRIOR TO CAMP!

In case of emergency: I hereby give permission to the physician selected by the camp administration to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child as named above. This authority is granted only after reasonable effort has been made to contact me by phone at the number listed above.

FIRST AID AT CAMP IS PROVIDED AT ALL TIMES WITHOUT CHARGE

Parent/Guardian Signature _____ Date: M ____ D ____ '10

COMMANDER/DIRECTOR (MUST BE FILLED IN)

Commander/Director: Please fill in the date that eligibility requirements were met. Date: M ____ D ____ '10

Church/Chapel _____ Church ID # _____

Commander/Director _____ **Signature** _____ Phone(____) _____

Make cheques payable to: **AWANA INTERNATIONAL CANADA**

Mail application and registration fee to: **AWANA EXCELLENCE CAMP, RR#4, POWASSAN ON P0H 1Z0**

THIS PORTION MUST BE SIGNED BEFORE APPLICATION IS ACCEPTED

CAMPER: I promise to obey camp staff and camp rules. **Camper's Signature** _____

PARENT: I hereby give permission for my child to participate in all camp activities (on or off the campground) with the understanding and agreement that neither camp, church, nor an individual will be held responsible in the event of accident, injury, or disobedience.

Parent's Signature _____