

EVANGELICAL CHURCH OF BERMUDA ~ JUNIOR CAMP REGISTRATION



Date	July 7 -12
Ages	8 -12 years (Born 2013-2017)
Cost	\$350 (for 1 st Child) \$300 (For each additional sibling)



When the camp has received your completed registration and deposit, a confirmation email noting that your child's spot has been confirmed. A list of items to bring, and transportation information will be sent prior to Camp.

Please Print Clearly

Name: _____ Male Female

Age: _____ Date of Birth: (M) _____ (D) _____ (Y) _____

Street Address: _____ Postal Code: _____

T-Shirt Size: Child _____ **Adult** _____

Parent or Guardian 1: _____

Best Phone Number: _____ *Email Address: _____

**(Note: this will be used for all Camp Correspondence)*

Parent or Guardian 2: _____

Best Phone Number: _____ Email Address: _____

Tent Mates Requested: (Must be the same age or grade) 1 or 2 Names only.

(1) _____ (2) _____

Note: We do our best to accommodate the request but we cannot guarantee it will be granted.

Church Camper attends: (If any) _____

Camper attended ECB Summer Camp before: _____ If yes, when was the last year: _____

Non-refundable Deposit of \$100 has been made? Yes No

HEALTH & MEDICAL INFORMATION:

Does the camper have any health, dietary, physical, emotional or behavioral needs which may require special attention while at camp? (e.g. allergies, learning differences, etc.) NO YES *(If yes, please include a brief explanation.)*

PLEASE NOTE THAT ALL CHILDREN WILL BE REQUIRED TO UNDERTAKE A SWIM TEST IN ORDER TO ACCESS THE SLIDE, BEACH, FLOATING DOCK, WATER ACTIVITIES, ETC.

ALL MEDICATION SHOULD BE PLACED IN A ZIP LOCK BAG - MARKED WITH CAMPERS NAME & GIVEN TO CAMP NURSE UPON ARRIVAL TO CAMP

CAMPER ARRIVAL & DEPARTURE FROM CAMP

1. On the day of **departure for** camp, the applicant camper must be accompanied by either a parent/guardian or responsible adult who will sign the camper in.
2. On the day of **return from** camp the applicant camper must be collected by either a parent/guardian or responsible adult who will sign a camp release form.

Please indicate the name of the person who will be providing transportation home on the closing day:

Name: _____ Phone #: _____

PAYMENT:

Cash brought to the Church Office - Evangelical Church, 1 Mission Road, Paget PG 06.

ONLINE: CLARIEN BANK

EVANGELICAL CHURCH OF BERMUDA - CE A/C 6000282995 (List camper name in memo line for our records)

(Please note that your child will not be confirmed as registered until the deposit has been received.**) Once Deposit has been received you will get a confirmation email noting that your childs spot has been confirmed.**

Camp Office Only

Date Rec'd: _____ | Cash | Check # | Confirmation Sent | Online Pmt Date: _____ | Copy Director