



Camper Registration Form

CAMPER INFORMATION

Camper Name: _____ Grade entering this fall: _____ Gender: Male Female Other

Address: _____

Town: _____ Province: _____ Postal Code: _____

Birthdate: (mm) _____ (dd) _____ (yyyy) _____ Age by camp start date: _____

Church you attend (if any): _____ Will This be your first time attending camp? Yes No

How did you hear about Camp Peniel (please check all that apply)? family friend church poster website school

Facebook Instagram Other: _____

Who do you want to *bubble with (be in a cabin with)? _____

*Bubble groups are not guaranteed, although we do try our best.

CAMPER HEALTH INFORMATION

Health Card Number: _____

Family Doctor: _____ Family Doctor's Phone Number: _____

My camper has the following medical concerns:

_____ severe allergies _____ is on regular medication _____ has physical, mental, or behavioural challenges _____ dietary requirements

If your camper is on regular medication(s) please list each medication along with the amount taken, the dosage of the medication, and when during the day it is taken: _____

Medical/Medication information (or attach a note). **Please list all allergies here:** _____

* If you have any preferences or objections concerning over the counter medications, please inform the camp *IN WRITING* before the camp start date.

EMERGENCY CONTACT INFORMATION

Parent / Guardian Name(s): _____ Email: _____

Phone / Cell: _____ Work: _____ Other Means of Contact: _____

Other Emergency Contact Name: _____ Phone: _____

Relationship To Camper: _____

2025 CAMP SCHEDULE & PRICES

CAMP	DATES	AGES	2025 PRICE
SCOOTER DAY	July 6 - 11	5 - 11	\$30 / day \$125 / whole week
SCRAMBLE A	July 13 - 18	7 - 12	\$400
LEADERSHIP	July 20 - 24	12 - 16	\$350
MINI 1	July 20 - 22	7 - 9	\$200
MINI 2	July 23 - 25	10 - 12	\$200
ACTIVATE	July 27 - Aug 1	9 - 14	\$425
SCRAMBLE B	August 3 - 8	7 - 12	\$400
TEEN	August 10 - 14	13 - 17	\$350
WILDERNESS	August 17-22	9 - 14	\$350

Activate Options

- ___ Sports
- ___ Outdoor Survival Skills
- ___ Cooking
- ___ Theatre / Drama
- ___ Fishing

Please select your child's first (1) and second (2) choice. Options are limited to 15 campers per option, first come first served.

* **Lunch during Scooter Day Camp is not provided.** Should you wish to take advantage of our cafeteria, lunch will be an additional \$8 per day.

Fees & Discounts	Cost
Camp week: _____	\$ _____
Sibling Discount (\$50/Sibling): Yes / No	\$ _____
Sibling Name: _____	
Multi Week Discount (\$50/full week): Yes / No	\$ _____
Other Camp Week: _____	
Scooter Camp Lunch (\$8/Day): / 5 days	\$ _____
Tuck / Canteen Money: \$ ____/day (5 days total)	\$ _____
Picture Package (Cabin Photo & Week's Photos - \$10)	\$ _____
2025 Camp T-Shirt (\$25): Yes / No	\$ _____
Child / Youth / Adult S / M / L / XL / XXL / XXXL	
<small>*All fees must be paid by the first day of your camp.</small>	
TOTAL:	\$ _____

Once your registration is processed, we will send you a confirmation using the email you provided in the contact information section. If no email address is provided, we will send you confirmation by regular mail.

Camper Sponsorships

A limited amount of camper sponsorships are available on an “as needed” basis. Please contact the camp office if you desire a Sponsorship Application Form for financial assistance.

★ Camp Peniel requires a minimum \$100.00 deposit per camp week toward registration fees in order to secure a spot (if not paid in full with this registration application) ★

Method of Payment: Cash Cheque (To “Camp Peniel”) E-Transfer (office@camppeniel.ca) Visa Mastercard

I want my card charged \$ _____ Name on card: _____

Card Number: _____ CCV: _____ Expiry: _____/_____/_____

The Fine Print: Policies, Waivers, and Conditions of Enrolment

If a credit card is on file for an outstanding account, Camp Peniel reserves the right to charge that card within one week of a camp's start date. If a camper cancels more than two weeks prior to their camp start date, we will refund all money except for the registration deposit (\$100). **If a camper cancels less than two weeks prior to their camp start date, no refunds will be given.** Registration fees may be transferable between camp weeks or siblings where space is available, but no guarantees can be made. **No refunds or discounts will be given for late arrivals or early departures.**

All medication must come to camp in original packaging from the pharmacy. When arriving at the camp, ALL medication must be surrendered to medical personnel who will administer ALL medicine. Over the counter medications will be used at the discretion of the medical staff for the following symptoms (unless otherwise indicated in writing by parent/guardian): colds, coughs, congestion, pain, headaches, fever, stomach upsets, menstrual symptoms, nausea, vomiting, diarrhea, rashes, allergies, cuts, scrapes, and burns.

The Managing Director reserves the right to dismiss a camper (without refund) 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 the camp. The safety and security of all our guests is always of the highest priority. The parent/guardian certifies that the applicant camper is normal in condition and habits and is amenable to necessary discipline. **Failure to disclose problems at time of application could result in dismissal.**

The parents/guardians signing submitting this form are those having primary legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any court order referring to visitation rights. I, the parent or primary legal guardian of the named participant on this form, release Camp Peniel Society, its trustees, directors, corporation members, staff, and agents from any loss, personal injury, accident, misfortune or damage to the named participant on this form or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named camper on this form. Each camper must be covered by NS Medical Services Insurance or equivalent. The signature or digital signature of the parent/guardian on the application shall give the Managing Director permission to arrange for any special services and / or medical attention necessary for the welfare, good health and best interest of the camper named in this form. The Parent(s)/ Guardian(s) will be responsible for any additional expense that may result from such services.

I agree to permit reasonable use of photos and videos or other pictures of applicant's camper in promoting the camp or camp activities and programs. I agree that any information collected will only be used by Camp Peniel for the specific purpose of providing your child with a memorable camp experience. In order to do so, Camp Peniel may need to share sensitive information with its staff and appropriate medical personnel. My signature certifies that I have read and accept these policies, waivers and conditions and that I am legal primary guardian of the guest listed on this document. **Please note that registration forms will not be accepted without the signature required below.**

Signature of Parent/Guardian: _____ **Date:** _____