

# MTBC 2018 REGISTRATION

**PRINT CLEARLY** so we have accurate information so there is no delay in processing your form. Thank You!

Rec# \_\_\_\_\_

**CAMPER'S**

LAST Name \_\_\_\_\_ FIRST \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_

Parent(s) / Guardian(s) Name \_\_\_\_\_ Campers B-Day (D/M/Y) \_\_\_\_\_

Email address (for confirmation & receipt) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Work # \_\_\_\_\_ First Time to MTBC: YES \_\_\_ NO \_\_\_

Church (if you attend) \_\_\_\_\_ ONE Cabin Friend \_\_\_\_\_

(Must be a mutual request)

**MEDICAL INFO**

Health Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Does your child have any known allergies? Yes \_\_\_ No \_\_\_ (if yes, please list) \_\_\_\_\_

Does your child take daily medication? Yes \_\_\_ No \_\_\_ (all meds are handed into the nurse at registration)

Does your child have a history of: Asthma \_\_\_ Heart Trouble \_\_\_ Bed Wetting \_\_\_ Sleep Walking \_\_\_ ADD/ADHD \_\_\_ Anxiety \_\_\_

Date of last tetanus shot \_\_\_\_\_ (Attach a note if there are any other medical or behavioral concerns we need to know)

**Emergency Contact (the person below will be contacted if we cannot reach the Parent/Guardian)**

Name \_\_\_\_\_ Relation to camper \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**CONDITIONS AND POLICIES (Please check each, to which you agree and sign below)**

\_\_\_ MTBC has my permission to use any image or likeness of my child for promotional purposes ONLY (brochure, website, camp videos)

\_\_\_ Campers are not to leave camp property except as part of camp activities supervised by MTBC staff, or the person designated to.

\_\_\_ IN CASE OF AN EMERGENCY, I hereby give permission to MTBC to obtain medical treatment or hospitalize my child if needed.

\_\_\_ I hereby give permission for my child to participate in horseback riding supervised by MTBC staff. Every effort will be made to ensure the safety of all riders, however, with riding; there is always a risk of injury.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CHOOSE YOUR CAMP ADVENTURE... (TAX INCLUDED IN CAMP FEES)	CAMP FEE (No Discounts for HAPPY KAMP)	OFFICE USE
Feb. 16-17 February Freeze 1 \$40 _____	<b>1<sup>st</sup> Early Bird Discount: \$20</b> Paid in full before March 31st - \$ _____ <b>2<sup>nd</sup> Early Bird Discount: \$10</b> Paid in full between April 1st-30 <sup>th</sup> - \$ _____ <b>Multi Camp Discount: \$10/week</b> Attending more than one week - \$ _____ <b>Buddy Discount: \$10/child</b> Bring a NEW friend to camp - \$ _____ <b>Family Discount:</b> <b>\$10/child:</b> 2 in same family - \$ _____ <b>\$15/child:</b> 3 + in same family - \$ _____ Total lines above = \$ _____ <b>TOTAL AMOUNT DUE</b> \$ _____	Date Received M ___ D ___
Feb. 23-24 February Freeze 2 \$40 _____		Date Posted M ___ D ___
April 13-15 M.O.I. \$60 _____		Date Conf. sent M ___ D ___
April 20-22 F.L.O.W. \$60 _____		Am. Enclosed \$ _____
July 4-6 Happy Kamp \$ 94 _____	<b>IF PAYING BY: VISA / MC / AMEX / DB</b> <b>NAME on Card:</b> _____ <b>Card #</b> _____ <b>Expiry Date:</b> _____ <b>Security #</b> _____	Cash MO DB
July 8-13 Jr. Kids Camp \$338 _____		Cheq # _____
Buck-A-Roo's \$350 _____		PIF \$ _____
Saddle Up \$380 _____		BO \$ _____
L.T.P. \$173 _____		Paid For By: _____
July 15-20 Sr. Kids Camp \$338 _____		
Adventure \$397 _____		
Wranglers \$350 _____		
Giddy Up \$380 _____		
July 22-27 Multi Age 1 \$338 _____		
Wilderness \$350 _____		
Range Riders \$380 _____		
July 29-Aug 3 Multi Age 2 \$338 _____		
Pattern & Games \$397 _____		
Aug. 5-10 Extreme Teen \$397 _____		
Teen Wilderness \$397 _____		
Rails & Trail \$397 _____		
<b>Aug 31 - Sept 3 Family Camp - See web site.</b>		