

# MTBC 2021 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 / Guardians 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 need to be handed into the nurse at registration)

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

Depression \_\_\_ Autism Spectrum \_\_\_ Tourette's \_\_\_ Please let us know if there are any other medical or

behavioral concerns we should know about or ways to help us make your child's camping experience the best we can.

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

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 / GUARDIANS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### CHOOSE YOUR CAMP ADVENTURE...

July 25-30 MULTI AGE 1 \$350 \_\_\_

SADDLE UP 1 \$380 \_\_\_

GIDDY UP \$380 \_\_\_

Aug. 1-6 MULTI AGE 2 \$350 \_\_\_

RANGE RIDERS \$380 \_\_\_

PATTERNS & GAMES \$397 \_\_\_

Aug. 8-13 EXTREME TEEN \$397 \_\_\_

SADDLE UP 2 \$397 \_\_\_

RAILS & TRAILS \$397 \_\_\_

Aug. 29-31 HAPPY KAMP \$150 \_\_\_

Sept. 3-6 Family Camp - See web site to print registration form. You cannot register online.

**NOTE:** We will do our best to put children with their cabin friend but the covid guidelines may dictate how we need to do cabins.

CAMP FEE \$ \_\_\_\_\_

Family Discount  
\$10/child: 2 + in same family -\$ \_\_\_\_\_

Total lines above = \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

\*HST and 2 canteen items a day are included in your camp fee. Additional money can be added on day of registration.

\*Cheques are made payable to Mount Traber Bible Camp

### OFFICE USE

Date Received:  
M \_\_\_ D \_\_\_

Date Posted:  
M \_\_\_ D \_\_\_

Amount Enclosed:  
\$ \_\_\_\_\_

Payment  
Cash \_\_\_ MO \_\_\_  
Cheq. # \_\_\_\_\_

PIF \_\_\_\_\_  
BO\$ \_\_\_\_\_

IF PAYING BY: \_\_\_ VISA \_\_\_ MC \_\_\_ AM EX \_\_\_ DEBIT

NAME on Card: \_\_\_\_\_ CVC # \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_ E-Transfers: [mtbcbookkeeping@gmail.com](mailto:mtbcbookkeeping@gmail.com) / No password needed  
Put full name of child/children in the message of your e-transfer.