



Registration Form - 2022

www.catonsisland.com
campoffice@catonsisland.com

★ REGISTER ONLINE EARLY TO ENSURE A PLACE IN THE CAMP OF YOUR CHOICE! ★

For your convenience and ours, we encourage you to register online. It's fast, easy, and ensures your camper a spot in camp without delay!

NOTE: This form MUST be completed by the camper's parent / legal guardian. Please use a separate registration form for EACH camper and mail to the address on the right.

Camper's Full Name: _____ Male Female Age: _____

Camper's Birthday (M/D/Y): ____ / ____ / ____ Home Church: _____

Parent/Guardian Name(s): _____

Home Phone Number: (____) _____ Work/Cell Phone Number: (____) _____

Mailing Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____

Parent's E-mail: _____ Camper's E-mail: _____

Before May 2022:

Camp Registration
3 Lynlee Drive,
Berwick, NB E5P 3B7
Phone: (506) 468-6262

After May 2022:

Caton's Island, P.O. Box 408
Brown's Flat, NB E5M 2S1
Phone: (506) 468-6262
Fax: (506) 468-2759

Choose your camp(s)				
<input type="checkbox"/>	CIT Weekend	June 3-5	Ages 14+	\$90
<input type="checkbox"/>	Family Camp 1	June 30-July 3	Cabin/Beulah Tent	\$390 \$360
<input type="checkbox"/>	Beginners	Aug. 3-6	Ages 5-7	\$225
<input type="checkbox"/>	Discovery	Aug. 3-6	Ages 8-9	\$225
<input type="checkbox"/>	Island Day Camp	July 12-16	Ages 6-10	\$185 (\$40/day)
<input type="checkbox"/>	Boys Adventure**	June 24-29	Ages 9-12	\$365
<input type="checkbox"/>	Jr. Teen	July 17-22	Ages 12-14	\$365
<input type="checkbox"/>	Island Adventure 1	June 24-29	Ages 8-11	\$365
<input type="checkbox"/>	Girls Adventure*	Aug. 7-12	Ages 9-12	\$365
<input type="checkbox"/>	Family Camp2	July 29-Aug.1	Cabin/Beulah Tent	\$390 \$360
<input type="checkbox"/>	Island Adventure 2	Aug. 14-19	Ages 8-11	\$365
<input type="checkbox"/>	Teen Camp	Aug. 21-26	Ages 13-17	\$365

*girls only **boys only

Family Camp Information

Parents' Names: _____

Kids' Names: _____ Age: _____

Family Discount - Immediate Family Only

Give the names of other children and the camps they are attending (for family discount only).

Name: _____

Camp: _____

Name: _____

Camp: _____

Name: _____

Camp: _____

1st and oldest child - regular price. 2nd child - \$35.00 off
3rd and subsequent children - \$35.00 off each camper.
(2 Children - Minus \$35, 3 Children - Minus \$70, 4 Children Minus \$105)
Can be any combination of camps and kids
(excluding Family Camp and C.I.T. Camp)

All registration fees are due two weeks before camp begins.
Sorry - no cheques accepted on registration day.

Camp Price: \$90 \$185 \$225 \$360 \$365 \$390

Pre-registration Fee <small>(Non-refundable, and is included in the camp price)</small>	\$50
~ OR ~	
Full Registration Fee: <small>(\$50 Non-refundable)</small>	\$ _____
Less Family Discount:	-\$ _____
Canteen Money: <small>(Suggested \$20-\$25/wk)</small>	\$ _____
T-Shirt Money: <small>(Optional \$15)</small>	\$ _____
Camp Photos: <small>(Optional \$12)</small>	\$ _____
Total:	\$ _____
Total Enclosed:	\$ _____
Balance Owing Camp:	\$ _____

All prices include taxes.

TWO Cabin Mate Choices:

Name: _____

Name: _____

We will try to accommodate your preferences, but we cannot guarantee them.

Office Use Only

Cheque Number: _____	Cheque Number: _____
Cheque Amount: \$ _____	Cheque Amount: \$ _____
Cheque Date: _____	Cheque Date: _____
Registration: \$ _____	Registration: \$ _____
Canteen: \$ _____	Canteen: \$ _____
Gratuities: \$ _____	Gratuities: \$ _____
Initials: _____	Initials: _____

Caton's Island Medical Information

Camper's Full Name: _____

Is your child covered by provincial medical insurance? Yes No

If YES, Medicare #: Expiry Date: _____

If NO, what form of coverage is available for the camper? _____

NOTE: It is the responsibility of the parent/guardian to ensure proper coverage.

Does your child have any physical, mental, or emotional weakness or disability that the camp should know about? Yes No

i.e. If your child has ADD, ADHD, asthma, allergies, etc. PLEASE TELL US! ** _____

Does your child have any life threatening allergies? ** Yes No _____

Will medications be required at camp? ** Yes No (If Yes please list below)

Can Tylenol be administered if necessary? ** Yes No

Can Ibuprofen (Advil) be administered if necessary? ** Yes No

Does your child have any allergies to food or drugs? ** Yes No _____

Does your child have any special sleeping arrangements? ** Yes No _____

Is your child affected by any of the following: (please circle):

eating disorder, bed wetting, heart conditions, sleepwalking, diabetes, fainting spells, seizures, headaches, other**

Date of last tetanus shot: _____

****NOTE: If YES, please give any details and helpful information on a separate sheet if you do not have enough room on the lines above.**

Please list any medications your child is taking and include detailed information on how to administer that medication.

Medication	Dosage	Times	Days

ALL MEDICATIONS MUST BE GIVEN TO THE CAMP PERSONNEL UPON ARRIVAL AND MUST COME IN THE ORIGINAL PACKAGE.
ALL MEDICATIONS WILL BE DISPENSED BY AUTHORIZED STAFF.

Emergency Information

Family Physician: _____ Phone: (____) _____

Your Full Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ ext. _____ Cell Phone: (____) _____

Emergency Contact's Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ ext. _____ Cell Phone: (____) _____

Conditions of Enrollment

- While due care is taken I understand that there are inherent and other risks involved in sports and activities at camp, and that injuries may occur in such programs, and I freely assume those risks. I hereby release injury to myself, my child or ward, or to any person or property resulting from negligence, loss, accidents, etc. accepting full responsibility myself for any and all such damage or injury which may result while at camp or participating in any related activities. I hereby waive the right to bring legal action of any kind against the Atlantic District of The Wesleyan Church, Caton's Island, or any of its employees or volunteers.
- In case of a medical emergency I understand that every effort will be made to contact the parents or guardians. In the event that I cannot be contacted, I hereby authorize emergency medical treatment for the above named camper and agree to accept any additional related costs of transportation and/or special care.
- All campers must assume liability for any damage they cause to camp property.
- The parents or guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to camp, including a photocopy of any court order referring to visitation rights. The signature on the registration form signifies that both parent(s)/guardian(s) are in agreement with the conditions of enrollment.
- The parent(s) or guardian(s) submitting this application grant permission for the child to participate in all camp activities.
- The Camp Director reserves the right to dismiss a camper who, in his opinion, is a hazard to the safety and the rights of others or who appears to have rejected the reasonable controls of those in authority.
- I agree to permit the use of photos or videos of the applicant camper(s) in promoting the camp.
- To the best of my knowledge, my child is in good health. I will notify the Camp if my child is exposed to an infectious and/or contagious disease during the three weeks prior to arriving at camp. (Please do not send an infectious child to camp.)
- I hereby certify that I have read, understand, and accept the - 1. Conditions of Enrollment. 2. Rules and Guidelines. 3. Discipline policy (Rules and Guidelines and Discipline policies online).

****NOTE: Registration not accepted unless this form is completed and signed.**

Signature or Parent/Guardian: _____ Date: _____

I hereby promise to cooperate with camp leaders and agree to obey the camp rules and to participate in the camp program.

Signature of Camper: _____ Date: _____