

# 2010 CAMP MEDLEY REGISTRATION FORM

Please include a self-addressed stamped envelope

## PLEASE PRINT - General information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ **M**  **F**

E-mail \_\_\_\_\_ Religious Affiliation \_\_\_\_\_  
*(optional)*

Red Cross Swim Level \_\_\_\_\_  
*(This information will reduce lineups on registration day)*

## In case of emergency, contact:

Parent/Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

## Medical Information

To obtain pertinent and detailed medical information, a medical form will be sent with your letter of acceptance or you may download a form at [www.campmedley.ca](http://www.campmedley.ca).

**Please note: Bring completed form and any medications with you on the first day of camp. No camper will be accepted without a completed and signed medical form.**

## Method of Payment (please check one)

Money Order       Cheque       VISA       Mastercard

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Amount \_\_\_\_\_ (minimum of \$50) must accompany registration form.

- The information on this form will be used only as necessary for the normal operation of the camp and may be archive din order to develop an alumnae list.
- Photographs taken may be used for camp promotion purposes.

I agree  I disagree

\_\_\_\_\_  
*Signature*

Camper ID \_\_\_\_\_

## Check Camp applied for:

- A. Girls and Boys I - June 27 - July 02  
 B. Junior Teen I - July 04 - 09  
 C. Girls and Boys II - July 11 - 16  
 D. Junior Teen II - July 18 - 23  
 E. Girls - July 25 - July 30  
 F. Junior Teen III - Aug. 01 - 06  
 G. Girls and Boys III - Aug. 08 - 13  
 H. Senior Teen - Aug. 15 - 20  
 J. Leadership Challenge - Aug. 08 - 13  
 K. LIT Program  
 L. Boys Adventure Week - June 27 - July 02  
 M. Drama Camp - Aug. 15 - 20  
 N. Welcome to Camp - June 27 - 30

## Second Choice of Camp

*(In case your first camp choice is full)*

## Choice of Cabin Mate

1) \_\_\_\_\_

2) \_\_\_\_\_

*Choice of cabin mate cannot be guaranteed.*

## FOR OFFICE USE ONLY

Date	Description	Amt	Balance
	All Inclusive Fee		
	Paid with Application <i>(Minimum of \$50)</i>		
	Payment		
	Payment		
	Balance Owing		

**Express Check-In** with zero balance owing.