

Camp Canaanland Registration 2023

Complete this form thoroughly and carefully. Please print clearly.

<p style="text-align: center;">Please Select a Camp Week</p> <p> <input type="checkbox"/> Junior Week 1: June 26th – 30th <input type="checkbox"/> Senior Week 1: July 24th – 28th </p> <p> <input type="checkbox"/> Junior Week 2: July 10th – 14th </p> <p>One other camper you would like to stay with: _____</p>	<p>Check One:</p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p>	<p>Purchasing \$10 T-shirt Yes or No T-Shirt Size Circle One: Youth: S M L Adult: S M L XL XXL</p>
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Camper Information:

Camper First Name: _____ Camper Last Name: _____

Birth Date: _____ Age: _____ Grade _____

Parents/Guardian's Names: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Church I am coming to camp with: _____ City of Church: _____

<p style="text-align: center;">Required Signatures:</p> <p>_____ has my permission to participate in the activities that occur at Camp Canaanland. I authorize minor treatment and administration of necessary medications to this camper. I also authorize emergency medical treatment for this camper and accept the responsibility for medical expenses incurred on behalf of this camper. I understand that a reasonable effort will be made to contact me prior to treatment. This authorization is in effect for the week(s) the camper is at camp.</p> <p>_____</p> <p style="text-align: center;">(Parent/Guardian Signature)</p> <p>I have read the information on the summer brochure and agree to comply with dress standards, conduct standards, and assume responsibility for equipment damage fees.</p> <p>_____</p> <p style="text-align: center;">(Camper signature)</p>	<p style="text-align: center;">Medical and Insurance Information</p> <p>Prescription Medications: _____</p> <p>Allergies (Food/Other): _____</p> <p>Date of Last Tetanus: _____</p> <p>Does the camper have any conditions that would restrict them from participation in normal program activities? YES / NO (If Yes, please explain on the back of the form)</p> <p>Insurance Company _____</p> <p>Group and Policy Number _____</p> <p>Name of Policy Holder _____</p> <p>Emergency Contact _____ Phone _____</p> <p>Contact's Relationship to Camper _____</p>
<p style="text-align: center;">Camper Costs:</p> <p>Early Bird: \$97 Early Bird with t-shirt: \$107</p> <p>Regular: \$150 Regular with t-shirt: \$160</p> <p style="text-align: center;">Discounts:</p> <p>Early Bird registration form and payment must be postmarked by June 1, 2023.</p>	<p style="text-align: center;">Please send completed forms and fees to:</p> <p style="text-align: center;">Camp Canaanland</p> <p style="text-align: center;">Ministry of Fundamental Baptist Church 3255 W M-80 Kinross, MI 49752</p> <p style="text-align: center;">Register and Pay online or Additional registration forms available at www.campcanaanland.com</p> <p style="text-align: center;">Questions: Call Greg Chromy at (906) 203-1636</p>