

Okema 2010 Registration Form

Camper's Name: _____

Address: _____

Parent's email: _____

Date of Birth: _____ Gender: _____

Church Affiliation: _____

Is this your first time at camp? yes no

Are you a member of the Okema Society?

yes no

Preferred Cabin Mate: _____

(you must both request each other)

Camp Registering for and Fees

Family 1; max \$375/family

Adults \$100 Ages 13-18 \$85

Ages 5-12 \$70 Under 5 Free

Small Fry 1; Ages 7-9 \$130

Junior 1; Ages 10-12 \$240

Jr. Teen; Ages 13-15 \$240

Small Fry 2; Ages 7-9 \$130

Family 2 max \$250/family

Adults \$65 Ages 13-18 \$55

Ages 5-12 \$45 Under 5 Free

Junior 2; Ages 10-12 \$240

Teen; Ages 15-17 \$240

Adult Camp \$80

Total Amount enclosed: _____

For Family Camps Only:

Names & Birthdates of Children: _____

We are bringing our accommodation yes no

We need a Cabin yes no

\$20. discount for registrations received before May 15.

There is also a \$20. discount for bringing a friend who is new to Okema (their registration must accompany yours). A limited number of bursaries are available for those needing financial assistance. Contact the Registrar ASAP.

Camps are subject to cancellation if 15 or fewer campers are registered by June 1.

Waiver & medical information

Please complete the following health questionnaire and waiver for each camper. If you need more space for any of the questions, attach a separate piece of paper. Please contact us in writing if any information changes prior to the start of camp.

Camper's Name: _____

Health Number: _____

Doctor's Name: _____

Doctor's Phone Number: _____

1) Does the camper have any medical or emotional conditions that the camp should be aware of? yes no

If yes, please explain: _____

2) Does the camper have any allergic sensitivity to penicillin, other drugs or environmental substances? yes no

If yes, please explain: _____

Bring your own Epi pen if you know you need one.

Is the camper on any medication? yes no

If yes, please list: _____

Does the camper have any dietary restrictions?

yes no

If yes, please explain: _____

Name of Parent(s) or Guardian(s) (Campers under 18): _____

Phone: _____ Alternate Phone: _____

If Parent/Guardian cannot be reached during camp contact: _____

Phone: _____ Alternate Phone: _____

If a Parent/Guardian cannot be reached in an emergency, does Camp Okema have permission to obtain medical

treatment? yes no

To the best of my knowledge, the camper is in good health.

yes no

Any picture of my child may be used in promotional

materials. yes no

Parent/Guardian Signature

Send Registration Form & Fees to:

Jennifer Isely

314 Bronson Cres. Saskatoon SK, S7J 5E1

(306) 979-9509

Make cheque payable to:

The Okema Society for Christian Development