

Camp Brookwood Christian Camp

193 Lockharts Mill Rd Carlow, NB E7L 2Z2

First/Last Name: _____ Date of Birth ___/___/___ (D/M/YY)

Full Mailing address:

Home Phone: (___)- ___-____ Cell Phone: (___)- ___-____ Emergency (___)- ___-____

Email Address: _____@_____

Choice of Cabin Mate: _____

Please check which Camp your child will be attending:

Week 1 : July 3 to 8 Age 7 to 8 Week 2 : July 10 to 15 Age 9 to 10

Week 3 : July 17 to 22 Age 11 to 12 Week 4 : July 24 to 29 Age 13 to 14

Week 5 : Aug 3 to Aug 5 Age 5 to 7 *Week 5 only \$75

Cost \$100 per week. Please send \$50 non-refundable deposit with the form.

i, the undersigned legal parent or guardian, have read this brochure, and accept the terms of the camp as stated there, and on the registration form. I the undersigned legal guardian or parent, do give consent for this child's image (without there name) to appear in promotional materials associated with Camp Brookwood.

Parent/Guardian (Please Print) _____ Date: _____

Signature of Parent/Guardian: _____

Medical Information Release Form:

Name: _____ Gender: Male Female

Medicare Number: _____ Expiry: _____

Family Doctor: _____

Please note and describe any conditions the camper may have, either physical or mental.
(i.e. diabetes, bedwetting, asthma, homesickness, short temper, heart condition, sleepwalking etc.)

Any allergies: Yes No _____ Food Allergies: Yes No _____

Any Medication the child is bringing _____

The signature of the parent/guardian on this application shall give the Camp Director the right to obtain medical services necessary for the camper's welfare and good health, in an emergency situation, the camp will notify the parent/guardian as soon as possible. The parents/guardians are responsible for any additional expenses that may result from such medical services. I give authorization to the Camp Director to administer acetaminophen and/or Ibuprofen if required.

Signature Parent/Guardian _____ Date: _____

Camp Check List

What to Bring

- Sleeping bag
- Pillow
- Clothes for when it's hot, cold or rainy
- Bathing suit (one-piece please girls)
- Socks
- Sneakers (No Flip Flops or Croc's)
- Pyjamas
- Hat
- Toothpaste and tooth brush
- Comb or Brush
- Towel and face cloth
- Soap
- Shampoo
- Sunscreen
- Bug Spray (**Necessity!**)
- Water bottle
- Really old clothes for the grubby stuff
- Flashlight
- Water shoes or old sneakers for water activities

What to Leave Home

Valuable items and anything electronic - iPod, MP3 player, cell phone, Game Boy or any other electronic game and cameras. Please note if found they will be locked up until the end of Camp.

Mail Registration to:

Sheila Kelly- 335 Main Street, Aroostook, NB E7H 2Z4 Until June 7 then to the Camp address.

OFFICE USE ONLY:

Date	Description	Amount	Balance
	Camp Fee Week 1-4 \$100 or Week 5 \$75		
	Deposit \$50 with Application		