

Sagitawa Family Retreat - 2009

* = must be answered.

Parent Full Name * _____
 Spouse Full Name * _____
 Mailing Address * _____
 City * _____ Code * _____
 Street Address _____
 Phone (Home) * _____
 Phone (Work) * _____
 Phone (Emergency) * _____
 Emergency Contact * _____
 Relationship to Family _____
 Family email (to confirm registration) * _____
 Please put me in a cabin with: _____

Please send confirmation of registration by: email fax mail
 email or fax number _____

Please list family members attending with you. *

Child Name	Gender	DOB	Age	Health #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Office Use Only: Cabin # _____
 Date Rec'd _____ Fees Attached _____ Verified by _____

Medical Information *

Family Doctor _____
 Doctor's Phone _____

Please provide information about any dietary, medical, allergy, or behavioural concerns of which we should be aware for any member of your family.

Signature & Fees

Guardian Authorization: Read before signing.

- I recognize that, while Sagitawa staff will care for me and my family in a responsible manner, accidents and discomforts may still occur. I'm fully aware of the types of activities we may be involved in, and I accept that these activities often come with some degree of spontaneity and risk. Should injury require emergency treatment which would be delayed by efforts to contact me, I authorize the Director or First Aid Attendant to begin medical treatment and inform me as soon as possible.
- I will provide Camp Sagitawa with "need-to-know" information to assist them to care for the well-being of my child and other children.
- I consent to Sagitawa's purposes for gathering and using the information I provide. (www.sagitawa.bc.ca/privacy.htm for full policy)
The following 3 are optional. Stroke out if you do not consent.
- I give Sagitawa permission to send me brochures and camper newsletters or emails about upcoming camps for the next two years.
- I give Sagitawa permission to give our mailing address or email address to the cabin leader.
- I give Sagitawa permission to use un-named pictures of our family in their brochures, displays and web pages.

Print Name _____ Date _____
 Guardian Signature _____

See www.sagitawa.bc.ca/whichtlist.htm for arrival information and to-bring lists.

Registration: Deposit only (\$60) \$ _____
 Total Family Fees \$ _____

Options Available:

Tuck / Crafts (suggest \$10-30) \$ _____
 Camp T-shirt @ \$17 \$ _____
 circle size: Youth: S M L
 Adult: S M L XL XXL

\$5 Camp Journal \$ _____
 \$5 DVD of the week \$ _____

Optional Tax Deductible Contribution:
 - to our Capital Building Project \$ _____
 - to our Staff Bursary Fund \$ _____

Total Amount Enclosed: \$ _____

Circle Payment Method: MC Visa MO chq# _____

Card # _____ Expiry _____
 Name on Card _____
 Signature _____