

# Single Parent Family - 2009

May Camp  
 Aug Camp

\* = 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](http://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/whichlist.htm](http://www.sagitawa.bc.ca/whichlist.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 \_\_\_\_\_