

Registration

First Name * _____

Last Name * _____

Mailing Address * _____

City * _____ Code * _____

Street Address _____

Care Card / Health No. * _____

Guardian Name * _____

Phone (Home) * _____

Phone (Work) * _____

Phone (Emergency) * _____

Emergency Contact * _____

Relationship to Camper _____

Family email _____

Camper email _____

Please put me in a cabin / tepee with: (max. 2)

Birth date * _____ Male Female

Grade Sept '09 _____ Male Female

Attend Camp # * _____

Track Choice * _____

Medical Information *

Family Doctor * _____ Phone * _____

* Immunizations are up-to-date?

* **Circle applicable areas, provide details on separate page and send with registration:**

Allergies? Dietary restrictions? Medications? Bedwetting?

Significant injuries / illnesses? Any limitation that may affect his/her experience?

Special assistance at school? Tendency to bully or be bullied? **None!**

More Info from all Trail Ride Registrants

I need riding boots. My approximate weight in kgs: _____

How many hours of riding experience? <10 hrs 10-20 hrs >20 hrs

Office Use Only:

Date Rec'd _____ Verified by _____ Cabin # _____

Signature & Fees

Guardian Authorization: **Read before signing.**

- I recognize that, while Sagitawa staff will care for my child in a responsible manner, accidents and discomforts may still occur. I'm fully aware of the types of activities my child may be involved in, and I accept that these activities often come with a 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 my child's mailing address or email address to the cabin leader.
 - I give Sagitawa permission to use pictures of my child in their brochures, displays, and web pages. Names will not be attached.

Print Name _____ Date _____

Guardian Signature _____

Please send confirmation of registration by: email fax mail

email or fax number _____

Registration: Deposit only \$ _____

Full amount \$ _____

Options available:

- Tuck / Crafts (suggest \$10-30) \$ _____
- Camp T-shirt @ \$17 \$ _____
- circle size: Youth: S M L
- Adult: S M L XL XXL
- Mountain Biking Fee @ \$15 (Moberly only) \$ _____
- \$5 Camp Journal (Moberly only) \$ _____
- \$5 DVD of the week (Moberly only) \$ _____
- \$5 Trail Ride Boot Rental - if needed \$ _____
- 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 _____