

REGISTER HERE

Name: _____

Birthday: _____ Grade: _____
(m/d/yr)

Girl Boy Age: _____

Home ph#: _____

Emergency ph#: _____

Mailing Address _____

Permission to place photos for
Facebook/Web page: Circle YES NO

Name of Parent(s) or Guardian (print) _____

Signature of parent or Guardian _____



Please find payment enclosed \$ _____
Or I will pay on registration day _____

PLEASE MAKE CHEQUES OUT TO
CEDARVIEW COMMUNITY

CHURCH

Box 132
Port Clements, B.C.
VOT 1R0

To reserve a space call
Wendy 250-637-1036

KIDS CAMP

Dates: July 7-12 (Sun-Fri)

Age: 8-12

COST

\$175 (before June 11)

\$200 (after June 11)

Location: Naikoon Park

Tlell Fall Fair grounds

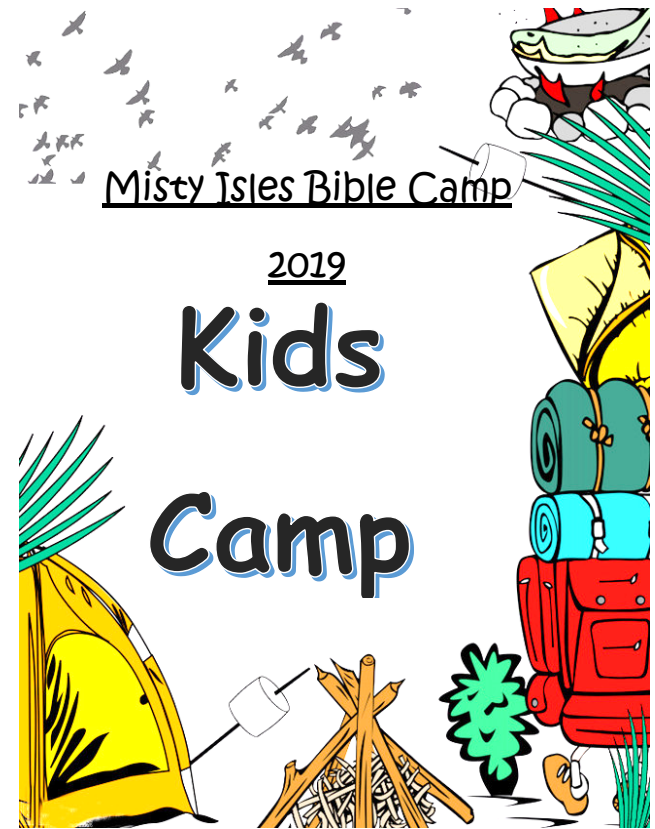


Camp Schedule
Sunday, July 7 4pm
Gates open / registration
Friday, July 12 12
(noon pick up)

**LIMITED
SPACE
AVAILABLE**



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Due to close living conditions a head lice check will be done on REGISTRATION DAY for each camper, before parents leave. If any nits or lice are found registration will be postponed until treatment is performed and nits combed out. Be sure to check for nits **2 weeks** prior to camp begins, we don't want to send anyone home.



Misty Isles Bible Camp

2019

# Kids Camp

July 7-12

AGES: 8-12





# CAMPERS CHECKLIST

- \_\_\_ day pack
  - \_\_\_ sleeping bag, sleeping mat, pillow
  - \_\_\_ 6 pairs of socks
  - \_\_\_ a modest swim suit
  - \_\_\_ old runners or water shoes
  - \_\_\_ extra pullover or jacket
  - \_\_\_ rain coat, rubber boots
  - \_\_\_ extra clothing
  - \_\_\_ underclothes
  - \_\_\_ hat
  - \_\_\_ 2 towels
  - \_\_\_ toothbrush / toothpaste
  - \_\_\_ comb or brush
  - \_\_\_ flashlight with name on it
  - \_\_\_ warm pajamas, (extra if needed)
  - \_\_\_ **BIBLE**
- (call 637-1036 if you need a Bible)



**ELECTRONICS OR WEAPONS.**

Any concerns about camp or child safety, please call Wendy @637-1036)

## About Us

Misty Isles Bible Camp has been serving Haida Gwaii families for over 30 years. WE are run entirely on volunteers – both local and from off island.

## Highlights



**plus+more**

## CONFIDENTIAL MEDICAL INFO

For the safety of your child please fill out the following information

BC Medical # \_\_\_\_\_

Doctor's name \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child suffer from any medical conditions YES NO

Explain \_\_\_\_\_

Name and dosage of any medication must be supplied to camp director upon arrival at camp.

**ALL CAMPERS ARE EXPECTED TO WEAR LIFE JACKETS WHILE SWIMMING AND CANOEING.**



There will be activities played during the camp that may involve bumping, running, jumping, ball throwing and will provide good exercise for your child. If you are concerned about your child doing any of the games please let us know.

I, \_\_\_\_\_ give permission for my child to participate in Misty Isles Bible Camp activities.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

