



# 2012 CAMP MASSAD REGISTRATION



Mother's (or Guardian's) name \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's (or Guardian's) name \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Camper may be released to (please circle)      Mother      Father      Other (specify) \_\_\_\_\_

If "Other", please provide home, work and cell phone #s \_\_\_\_\_

Emergency contact other than parents/guardians \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home, work and cell phone #s of emergency contact \_\_\_\_\_

Pick up at Wpg Beach? (please circle) Yes    No      Drop off at Wpg Beach? (please circle) Yes    No

Preferred cabin-mates 1) \_\_\_\_\_ 2) \_\_\_\_\_

*(Camp Massad tries to place all campers with at least one preferred cabin-mate.)*

Method of Payment (please circle) Cash      Cheque      Canadian Money Order      VISA      MasterCard

Amount \_\_\_\_\_ CC# \_\_\_\_\_ CC Expiry date \_\_\_\_\_

Each camper receives a free Massad t-shirt. Size (please circle)      youth 10 - 12      youth 14-16  
adult small      adult medium      adult large      adult X large

I give permission to Massad to secure health care treatment and obtain prescription medication if required for my child while in Massad's care. I agree to promptly reimburse Massad for all health care items and prescription medication which Massad may have to purchase for my child.

I give Massad permission to keep this form for its records and to store information on this application form in electronic format. Though Massad may use the information on this form for its own operational needs, it shall not share any information on this form with any other organization (other than the Manitoba Camping Association's Sunshine Fund, if applicable), without first obtaining written consent from the person who signs this form.

Massad regularly posts pictures and videos of campers on its website and Facebook page and uses photos and videos of campers in other promotional materials. On behalf of my child, I consent to these arrangements.

Massad will make every effort to provide a healthy and safe camping experience for all campers as required by the Manitoba Camping Association (MCA), of which Massad is a member in good standing. I agree that, in complying with MCA standards and requirements, Massad and its employees, directors and agents are exercising a reasonable standard of care.

I HAVE READ THIS FORM AND I UNDERSTAND IT.

Date \_\_\_\_\_ Parent (print) \_\_\_\_\_ Signature \_\_\_\_\_

## METHOD OF PAYMENT (For office use only)

Date Rec'd \_\_\_\_\_ Cheque    Cash    Money order    Visa    Mastercard

Expiry Date: \_\_\_\_ / \_\_\_\_    Amount Rec'd \_\_\_\_\_

Post-Dated Cheque Rec'd 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_