

2006 Camp
Season

Foothills Camp

37541 Hwy. 2, Red Deer County, AB T4E 1B1
Phone (403) 342-5044 Fax (403) 343-1523
Toll Free 1-877-228-1175

Camper's Name _____ Email _____

Address _____ Phone# _____

City _____ Prov / St _____ PC / Zip _____

Sex M F Age _____ Birthdate (MM/DD/YY) (____/____/____)

Your Church and Denomination (if applicable) _____

Is this your first time at Foothills Camp? Yes No

If this is your first time and you were invited by a friend, indicate their name _____

How did you hear about Foothills Camp? _____

Registering for which camp? (Check one)

- Adventure Camp (July 23-30, Ages 6-9) \$250
- Junior Camp I (July 30-Aug. 6, Ages 10-12) \$260
- Junior Camp II (Aug 6-13, Ages 10-12) \$260
- Teen Camp (Aug 13-20, Ages 13-17) \$260

Specialized Camps

- Sherwood Forest I (July 23-30, Ages 9-11) \$285
- Sherwood Forest II (July 30-Aug 6, Ages 10-12) \$285
- Sherwood Forest III (Aug 6-13, Ages 11-14) \$285
- Horsemanship (July 2-6, Ages 13-17) \$285
- Water Skiing (July 2-6, Ages 13-17) \$285

**** Riding experience required for Horsemanship Camp**

Financial Worksheet

Camper Fee \$ _____

-minus Discount \$ _____

Discount Plan: _____ (max. 20% on specialized camps)

+Optional CAMP GEAR PACKAGE... \$ _____

+Optional Camp Store Money (approx \$20-70)... \$ _____

+Optional Donation -Needy Camper Fund..... \$ _____

=Total Fees \$ _____

-Total Payment Now..... \$ _____

(Minimum payment now is \$50 nonrefundable deposit)

Remaining Balance \$ _____

Payment by:

Cheque Visa Mastercard Cash

Credit Card # _____

Exp. date ____ / ____

Issuing Bank _____

Name on Card _____

Signature _____

Receipt#

We frequently use photographs of campers in our advertising and promotional material. If you do not want your child to appear in our advertising, please check here:

SELECT only one DISCOUNT PLAN

Plan A: First Time

20% off any one 2006 camp PLUS
10% off for each 1st time friend accompanying you to the same camp (max 20% off specialized camps)
Friends name: (attach names if more than one)

Plan B: Friendship Discount

10% off for each 1st time friend accompanying you to the same camp (avail. to only one camper per group of friends) (max 20% off specialized camps) List friends name: (attach if more than 1)

Plan C: Family Discount

1st family member: Full price
2nd immediate family member 20% off
3rd immediate family member (and subsequent) 30% off (max 20% off specialized camps)

Plan D: Multi-Camp Discount

1st Camp: Full Price 2nd Camp: 10% off

Camp Gear Packages

Bronze - \$22

Silver - \$30

Gold - \$55

Camp T-Shirt

Camp T-Shirt

Camp T-Shirt

Camp Video

Camp Video

Camp Video

Please Circle

Photo CD

Photo CD

Youth or Adult Shirt

Camp Sweatshirt

Sm. Med. Lrg. XL

DVD VHS

Please send full payment 2 weeks before the camp begins - Visa, Mastercard, or Cheque

Classes: Apply early to get your preference.

Fluctuations in registration and staff may result in some of these classes not being available at Camp time.

Activity

Horsemanship
Tumbling
Archery
Water-skiing ^{hH}
Canoeing ^h
Swimming
BMX Bikes
Drama
Inline Hockey ^v
Basketball ^J
Advanced Horsemanship (Limit 11)

Crafts

Ceramics
Rocketry
Art / Painting
Photography
Creative Crafts
Model Building
Video Production
Card Making

Life Adventure

Adventure Challenge
Nature
Pioneering / Survival
Hot Topics ^J
Team Sports
High Ropes Adventure ^{=H}

^H Counts as 2 activities
^J Teen Camp only
^h Swim. ability required
^v Jr. & Teen only; supply your own inline skates, helmets, padding, etc
⁼ Ages 12 and up only

Adventure Campers

Choose Three

- Tumbling
- Canoeing ^h
- (2) Boating ^{hH}
- Crafts
- Art / Painting
- Horses
- Swimming

Choose One:

- Team Sports
- Nature
- Adventure Activities

Junior and Teen Campers:

First Choice

Second Choice

Activity	_____	_____
Activity or Craft	_____	_____
Life Adventure	_____	_____
Craft	_____	_____

Please do not choose classes if signing up for Sherwood Forest Camps.

Medical Information

Camper's Healthcare Number: _____ Province: _____

Parent / Guardian: _____ Phone: _____

Address: _____ Emerg. Ph. _____

List any current medications:

Medication	Dosage	Route	Time	Self Admin.?
_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>

List any Allergies: _____

Is Tetanus Immunization current? Yes No

Does the Camper have difficulty with any of the following? Asthma? Yes No

Epilepsy? Yes No Diabetes? Yes No Bed Wetting? Yes No

Other? _____

* Please notify the camp if the camper has been exposed to any communicable disease in the three weeks prior to camp attendance.

** Medical Consent - Signature Required

In case of emergency, I give permission to the Physician (selected by the Camp Director, Camp Nurse or other available Camp Representative) to secure proper care, such as hospitalization, x-ray, or other treatment as they deem necessary.

Signature of Parent or Guardian

Date