



Camp Selah by Ukrainian Bible Camp Inc.

Fire Route 69A, Lakehurst, ON, KOL 2J0

Tel: 705 875 6576

E-mail: info@campselah.ca

Web: www.campselah.ca

2018 Summer Camp Application Form

PLEASE PRINT

Complete a separate application form for each camper. Camp Selah is the operating name of our co-ed children's camp in the summer, the legal name of the organization that runs this camp is Ukrainian Bible Camp Inc.

If you are registering more than one child, you do not have to repeat the same information on other forms that is common to both children (i.e. address, parents names etc.).

Camper's First Name: _____ Camper's Last Name: _____ Male Female

Camper's Year-round Address: _____

City: _____ Prov./State: _____ Postal Code: _____

Phone Number: (____) _____ - _____ Family Email: _____

Health Card # or Health Insurance Info: _____

Birth Date: (dd/mm/yyyy) ____ / ____ / ____ Age as of Jan 1, 2018: ____ Grade in Sept, 2018: _____

Does your child have a sibling(s) who will also be attending Camp Selah this year? Yes/No. (If Yes, please give their names below) _____

Father/Male Guardian's Name: _____

Phone Numbers: Home (____) _____ - _____ Business (____) _____ - _____

Mother/Female Guardian's Name: _____

Phone Numbers: Home (____) _____ - _____ Business (____) _____ - _____

Emergency phone number while camper is at camp (if different than above): (____) _____ - _____

Cabin Mates: We will try to put friends in the same cabin group, but cannot guarantee it. Please list cabin mates below:

Name: _____ Name: _____

How did you hear about Camp Selah? please be specific _____

Parent or Guardian Consent

- ✓ My child is in good physical and emotional health, and amenable to normal camp authority.
- ✓ I, as a parent or guardian, have legal custody of the child applying to Camp Selah.
- ✓ I am responsible for payment of fees and any other expenses incurred by my child.
- ✓ Permission is granted for my child to participate in all Camp Selah activities.
- ✓ Permission is granted to provide normal medical attention to my child, if needed.
- ✓ Permission is granted for Camp Selah to use any photograph of my child for their promotional material.
- ✓ I, as the parent or guardian, of the herein named camper, release Camp Selah, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage of the herein named camper or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the herein named camper. Each camper must be covered by their provincial health plan or equivalent medical insurance.
- ✓ By providing personal information I understand and agree with Camp Selah's policy.

Dismissal and Behaviour: The Director reserves the right to dismiss a guest without a refund who, in his opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the resort. I certify that I have no knowledge of any physical or mental impairment that would be affected by the named guests participation in the Camp Selah Program. I also give permission to the Directors of Camp Selah to search my child's belongings for items prohibited by camp, if suspected. I agree to reimburse Camp Selah Program for any intentional damage or defacement of camp property caused by my child.

Liability: While every precaution is taken for the safety and good health of our guests, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Camp Selah. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. Also, while I understand that Camp Selah does its best to protect against exposure to nut products, where there are allergies of which I have given written notice, I recognize that Camp Selah does not accept responsibility, and I hereby release Camp Selah for any illness or injury which may occur as a result of exposure by my child to any such food or other item to which my child has an allergy. By signing below, you are releasing the employees, directors, officers and staff volunteers of Camp Selah (legally named Ukraine Bible Camp Inc) and the employees of facilities outside the resort grounds [the "Releasees"] from any and all actions, causes of action, claims and demands resulting from any loss, theft, injury or damage to person or property which may arise from any and all use of Camp Selah including any programs or otherwise, notwithstanding that any such loss, theft, injury or damage may have arisen by reason of negligence of the ["Releasees"]. This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release.

Jurisdiction: I understand that any and all actions arising out of this agreement or the use of Camp Selah will be governed by the laws of Ontario and Quebec, Canada and I consent to the exclusive jurisdiction of the courts in Ontario and Quebec, Canada.

I have read and understand the above Parent or Guardian Consent, the conditions of enrollment, and cancellation policies of Camp Selah .

Signature of Parent or Guardian: _____ Date: _____

Calculating Fees

CHOOSE YOUR CAMP SESSION	Y/N*	PRICE	TAX	TOTAL
Session 1: Aug. 12 - Aug. 18		\$399.00	N/A	\$399.00
Session 2: Aug. 19 - Aug. 25		\$399.00	N/A	\$399.00
			GRAND TOTAL	

*Please choose a camp session that your child will be attending. (If they will be attending both weeks, please check off accordingly)

Please add the totals for sessions that you want your child to attend to calculate your grand total. Please make your cheques payable to "Ukraine Bible Camp Inc." and mail together with your application to:

Camp Selah

890 Copperfield Dr.

Oshawa, ON L1K 1S4