



# 2012 Camper Registration

Mail registration form and \$50 non-refundable, non-transferable deposit to:  
 Jan. 1-May 31: **Camp ABK, Box 265, Gore Bay, ON P0P 1H0**  
 June 1 – Aug. 31: **Camp ABK, 260 Sugar Lake Rd, Walford, ON P0P 2E0**

Over 50 Years of Camping Excellence!

## CAMPER INFORMATION

Camper Name:	Age at Camp:	Male or Female:
Address:	Date of Birth:	
City/Town:	Prov:	P.C.
Parents Names:	Parent Email:	
Phone Numbers: (Home):	(Work):	(cell):

## CAMP SESSION

Camp Session:	Bus Required: <input type="checkbox"/> Yes or <input type="checkbox"/> No
Dates of Session:	Bus to Camp – Pick-Up Location:
First Time at ABK?: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Bus home – Drop-off Location:

**Sports Camp Only:** Please choose one sport:  NEW - Golf  Volleyball  Soccer  Basketball  Wakeboard  Lifeguard (Bronze)

**"3 for FREE" Referring Friend (Who invited you to Camp ABK?):**

**Camper Placement:** Name ONE camper you wish your child to share a cabin with (sorry, no guarantees):

**Camper Address List:** Your child's name and address information will be shared with campers and staff at the week's end. If you do not wish to have your child's information included on the Camper Address List, please check here:  No, do not include my child's info.

**Update@ABK Newsletter:** Please add my address to the ABK Newsletter mailing list. YES:  Regular Mail or  E-Mail or  No Thanks

## EMERGENCY CONTACT INFORMATION (NOT PARENTS!!!-DIFFERENT CONTACT INFORMATION FROM ABOVE)

Contact #1: Name:	Relationship:	Phone:
Contact #2: Name:	Relationship:	Phone:

## CONDITIONS OF ENROLLMENT

1. The parent(s) or guardian(s) submitting this application are those having legal custody over this child. Conditions of custody, if applicable, must be fully communicated in writing with the Camp, including, if applicable, a photocopy section of any court order referring to visitation rights. The signature on the registration form signifies that both Parent(s)/guardian(s) are in agreement with the conditions of enrollment.
2. The applicant is in good health, and I grant permission for him/her to participate in all activities at Camp Aush-Bik-Koong.
3. The Camp Director reserves the right to dismiss a camper who is, in his/her opinion, a hazard to the safety and rights of others, or who appears to have rejected the reasonable rules and controls of camp.
4. In case of withdrawal during the camp period on the nurse's order, a prorated portion of the fee for the unexpired term will be refunded. **No refund will be made for any other reason including but not limited to dismissals due to disciplinary action, homesickness, late arrival or early departure.** Except for the \$50 deposit, the fee will be refunded if the camper cancels before the start of camp.
5. I give permission to Camp Aush-Bik-Koong to use any image or likeness of the applicant for promotional purposes.
6. I consent to allow Camp Aush-Bik-Koong to collect and use information about this camper for registration, follow-up after camp, and for mailing future camp letters and brochures.

## **SIGNATURE REQUIRED TO PROCESS REGISTRATION**

I have read, understood, and accepted the terms of enrollment as stated above. The information I have provided is true and accurate.

Parent/Guardian Signature:	Date:
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Health Form on reverse MUST be filled in too!

<b>FOR OFFICE USE ONLY</b>	Reg. \$ _____	Chq #: _____	Rec. # _____
	Bal. \$ _____	Chq #: _____	Rec. # _____