Martin Luther Evangelical Lutheran Church

2379 Lake Shore Blvd. West, Toronto ON M8V 1B7
More information: **www.martinluther.ca**

REGISTRATION FOR CAMP LUTHERLYN
AUGUST 19-25 2017

Complete and mail with payment to : Martin Luther Lutheran Church

Rates: $410 (early reg. until Feb 28: $380), Daily rate TBD (please specify dates)

Family Rates: Kids under 10: $100, Kids 10+: $150

Prices include 3 meals per day plus snacks!

For more information contact:

Anna Lisa Wienecke, Ph. 905-939-7494, campdirector@martinluther.ca

Pastor Christian Ceconi, Cell 416-567-2487, pastor@martinluther.ca

Martin Luther Church Office, 416-251-8293, churchoffice@martinluther.ca

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Family Name: _____

Street Number **Street** **Apt. #** **City** **Postal Code** **Home Telephone Number**

Contact Person (Parent/Guardian/Other) **Cell Number** **Email Address**

Additional Medical Coverage Company

(1) Name & Camper Rate (Adult/Child)

Age and Date of Birth

OHIP Number

Dietary Needs, Medical Conditions and Medications:

_____

_____

Can swim: **Yes** _____ **No:** _____

(2) Name & Camper Rate (Adult/Child)

Age and Date of Birth

OHIP Number

Dietary Needs, Medical Conditions and Medications:

_____

_____

Can swim: **Yes** _____ **No:** _____

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(3) Name & Camper Rate (Adult/Child)

Age and Date of Birth

OHIP Number

Dietary Needs, Medical Conditions and Medications:

_____

_____

Can swim: **Yes** _____ **No:** _____

(4) Name & Camper Rate (Adult/Child)

Age and Date of Birth

OHIP Number

Dietary Needs, Medical Conditions and Medications:

_____

_____

Can swim: **Yes** _____ **No:** _____

As parents/guardians of _____
we consent to the participation of the above mentioned child in all of the camp activities, including:

- Canoeing
- Campfire
- Worship
- Low Ropes Courses and Slacklining
- Lots of games
- Talks about Bible and faith
- Crafts
- Teenage challenge (stay overnight on a deserted island)

Should it be necessary for our child to receive medical attention, we authorize the camp staff members in charge to act as they deem necessary. Any cost so incurred will be our responsibility. Should we become aware of a change in our child's medical condition, we will notify the Camp immediately. Furthermore, in case of an accident or incident, we absolve Martin Luther Church, Camp Lutherlyn, the Camp Director and the Counselors of all responsibility.

Place, Date Signature of Parent(s)

FOR OFFICE USE ONLY

Prepared by/ Bearbeitet von: _____ **Date:**_____