



REGISTRATION FORM

please return the completed form to your youth leader

JR Pitch - September 23-25, 2011 - Stayner Camp, Stayner, Ontario

Group Info

Church/Group Name _____

Youth Leader Name _____

Personal Info

Name _____ Student _____ or Sponsor _____

Date of Birth ____M/____D/____/Y Health Card # _____

Address _____

City _____ Postal Code _____ Phone _____

Allergies _____

Medications Being Taken _____

Physical disabilities, limitations or recent illnesses _____

Name of Family Physician _____ Phone _____

Retreat Fees choose one rate

Regular Rate (form and money to your youth leader before Sept. 16/11).....\$65.00

Late Rate (form and money received on or after Sept. 16/11).....\$78.00

Make cheques payable to the church or group you are coming with.

Student Cooperation Agreement

To keep JR Pitch enjoyable for everyone, we have a few simple rules for you to follow:

1. *Be respectful of others and their property. If you break something, you pay for it.*
 2. *Alcohol, drugs, firecrackers and weapons of any kind are not permitted on the campground.*
 3. *Be back in your area of accommodation and quiet by lights out.*
 4. *Do not leave the grounds without being accompanied by an adult sponsor.*
 5. *If using the skate park at the camp you must have a signed waiver form and you must be wearing a helmet.*
- Waiver forms may be downloaded from our web site.*

We cannot be responsible for lost or stolen property - leave your valuables at home.

I have read the above Cooperation Agreement and agree to abide by it. I understand that if I do not abide by these standards, my parent(s) will be notified and I may be sent home.

Student Signature _____

Parental Agreement

I give my permission for the above named student to join the JR Pitch retreat and to participate in all group activities. In the event of an emergency, I hereby authorize the leaders of the group with whom my child is attending this retreat, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of Ontario where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible in this event. I understand that if this person is in serious breach of the cooperation agreement, I may be required to pick him/her up from the camp immediately.

Signature of Parent or Guardian _____

Date Signed _____