



AWANA ONTARIO Scholarship Camp 2011

Registration deadline, June 30, 2011

July 16 - 23, 2011

OFFICE USE ONLY
Reg. Amt. _____
Scholarship ___N/A___
Bal. Due _____
Cabinmate _____
Bus _____
Conf. Sent _____

Name _____ Age _____ Birthday ___/___/___ (circle one) Male Female

Apt/Unit # _____ Address _____

City _____ Prov. _____ Postal Code _____ Phone (____) _____

Family E-mail address _____

Going into grade (circle one) 6 7 8 9 10 11 12 Grad **this fall** T-Shirt Size (circle one) C-Lg A-Sm A-Med A-Lg A-XL A-XXL

Church/Chapel where you attend Awana _____ Club ID # _____

ONLY ONE roommate choice in **same grade** level: give their full name _____ (send applications together)

Camper's Mother/Father _____ Phone(____) _____

Camper being sponsored by: Church (enter info below) Parent(s) Clubber Other (enter info below)

Sponsor's Name _____ Sponsoring Amount \$ _____

Sponsor's Address _____ City _____ Prov. _____ PC _____

Been to Scholarship Camp before? _____ **NO** Scholarships are available this year – Sorry!

Bus: via 401 & 400/11 (2-way) \$65 _____ (1st child in family) or \$55 _____ (2nd or more in family) or (1-way) \$45 _____ (To / From)

TOTAL CAMP COST: \$390 (\$100. non-refundable registration fee + \$290 camp fee = \$390.) Deadline June 30, 2011

MEDICAL HISTORY (in case of emergency) **(\$20.00 will be billed if head lice treatment is required at camp)**

Name _____ Health Card # _____

In emergency notify: _____ Phone(____) _____

Family Doctor: _____ Phone(____) _____

Date of last Tetanus shot: M ___ D ___ Y ___ (required / 10 years) Special diet (list foods being brought to camp) _____

List medications being brought to camp _____

Should restrictions be placed on camper's swimming, diet or sports activity? _____ (if yes, give details on back or separate sheet)

Physical condition of camper -- check and give details on back or separate sheet if necessary.

Allergies ___ Asthma ___ Stomach problems ___ Heart Condition ___ Epilepsy/nervous system ___ Eye/ear/nose/throat (circle one) ___

Rheumatic fever ___ Diabetes ___ Frequent colds ___ Recent surgery ___ or hospitalization (state cause) _____

DO NOT SEND YOUR CHILD TO CAMP IF EXPOSED TO CONTAGIOUS DISEASE OR HEAD LICE WITHIN 2 WEEKS PRIOR TO CAMP!

In case of emergency: I hereby give permission to the physician selected by the camp administration to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child as named above. This authority is granted only after reasonable effort has been made to contact me by phone at the number listed above.

CAMP NURSE AND FIRST AID ARE PROVIDED AT ALL TIMES WITHOUT CHARGE

Parent/Guardian Signature _____ Date: M ___ D ___ '11

COMMANDER/DIRECTOR (MUST BE FILLED IN BEFORE MAILING)

Church/Chapel _____ Club ID # _____

Check awards earned and year: Excellence - 201___ Timothy - 201___ Meritorious - 201___ Citation - 201___

Eligibility requirements must be met prior to start of camp, not prior to submission of application.

Checkmark Handbook or Manual completed this year (2010-11):

- | | | |
|----------------|----------------------------------|-------------------------|
| T&T Book One | Trek Billboard Bible Study 1 & 2 | Main Study 1 & Elective |
| T&T Book Two | Trek Roadsign Bible Study 1 & 2 | Main Study 2 & Elective |
| T&T Book Three | Trek Dashboard Bible Study 1 & 2 | Main Study 3 & Elective |
| T&T Book Four | | Main Study 4 & Elective |

Applications are taken on a first-come basis. **Cabin preferences honoured only if all applications from a club are sent in together.**

I confirm that this applicant has met camp eligibility requirements and recommend him/her for Scholarship Camp.
Commander/Director signature required for application to be accepted.

Commander/Director _____ **Signature** _____ Phone (____) _____

THIS PORTION MUST BE SIGNED BEFORE APPLICATION IS ACCEPTED (form will be returned if not signed)

CAMPER: I promise to obey camp staff, camp rules and dress code. **Camper's Signature** _____

PARENT: I hereby give permission for my child to participate in all camp activities (on or off the campground) with the understanding and agreement that neither camp, church, nor an individual will be held responsible in the event of accident, injury, or disobedience.

Parent's Signature _____

For questions or additional applications, call Camp Registrar, toll free 1-877-272-9262, or e-mail at crosslink@crosslinkcanada.ca

Make cheques payable to: CROSSLINK MINISTRIES CANADA. Mail application and registration fee **before June 30, 2011** to:
ONTARIO SCHOLARSHIP CAMP REGISTRAR, 178 HWY 20 WEST, FONTHILL ON, L0S 1E0