

**CAMP Brookwood**  
**CHRISTIAN CAMP**  
 BRISTOL, NEW BRUNSWICK

*Building Disciples... while having fun!*  
**registration FORM**  
 E-mail: dphillips@aernet.ca  
 Web: www.campbrookwood.ca

Camper's Last Name: \_\_\_\_\_  Male  Female

Christian Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Camper's E-mail\*: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

(\* If you desire to be informed of this and other Anglican Youth programs)

Does the Camper Swim?  No  Yes Level \_\_\_\_\_

**Circle Camp Number of Desired Week:**



- |        |                                 |  |
|--------|---------------------------------|--|
| Week 1 | <b>July 3-8</b>                 | <i>Science Week</i><br>Private Camp      |
| Week 2 | <b>July 10-15</b><br>Ages 8-10  | <i>Under the Sea</i>                     |
| Week 3 | <b>July 17-22</b><br>Ages 12-14 | <i>Game Show Week</i>                    |
| Week 4 | <b>July 24-29</b><br>Ages 11-13 | <i>Time Travel</i>                       |
| Week 5 | <b>August 1-5</b><br>Ages 5-8   | <i>Myths &amp; Legends</i><br>Cost \$160 |
| Week 6 | <b>August 7-12</b><br>Ages 9-11 | <i>Space Adventures</i>                  |

**ARRIVAL:** All campers register on Sundays from 6-7 pm (after supper).

**DEPARTURE:** All camps are finished by 6 pm on Fridays. Campers need to be picked up between 5 and 6.

**PLEASE NOTE: A non-refundable \$35 deposit must accompany the completed registration form.**

Church or Parish: \_\_\_\_\_

Choice of 1 Cabin Mate: \_\_\_\_\_

Name of Sponsor (if applicable): \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_

Sponsor's Phone: \_\_\_\_\_

I, the undersigned legal parent or guardian, have read this brochure, and accept the terms of the camp as stated there, and on the registration form. I, the undersigned legal guardian or parent, do give consent for this child's image (*without their name*) to appear in promotional materials associated with Camp Brookwood.

Parent or Guardian (Please print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**CAMP**  
**Brookwood**  
**CHRISTIAN CAMP**  
 BRISTOL, NEW BRUNSWICK

**medical information**  
 R E L E A S E F O R M

Please enclose the **\$35 Deposit Fee, completed registration and medication information and release forms** and mail to:

*Before June 12th, 2016:* The Registrar, Sheila Kelly, 335 Main St., Aroostook, NB E7H 2Z4  
*After June 12th, 2016:* Camp Brookwood, P.O. Box 557, Florenceville-Bristol, NB E7L 1Y8

Camper's Name: \_\_\_\_\_ Male  Female

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Booster Shot: \_\_\_\_\_

Please note and describe any condition the camper may have, either physical or mental (*i.e. diabetes, bedwetting, asthma, homesickness, short temper, heart disease, sleepwalking, etc.*)

---



---



---

Any allergies?  No  Yes      Any food allergies or sensitivities?  No  Yes

Any additional information about the camper for the staff? \_\_\_\_\_

---



---

Any medication the child is bringing: \_\_\_\_\_

The signature of the parent/guardian on this application shall give the Camp Director the right to obtain medical services necessary for the campers welfare and good health, in an emergency situation. In such a situation the camp will notify the parent/guardian as soon as possible. The parents/guardians are responsible for any additional expenses that may result from such medical services. I give authorization to the Camp Director to administer acetaminophen and/or Ibuprofen if required.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Date	Description	Amount	Balance
	All Inclusive Fee		\$199.00
	Paid with Application (Minimum \$35.00)		
	Payment		
	Payment		
	<b>Balance Owning</b>		