

**SUMMER 2010 CHILDREN'S CAMP**

**ERIE BEACH, ONTARIO**

**July 18 - July 24**

Please complete this registration form and mail by July 1st\*\* to:

Rex Monarch  
7500 Donna St.  
Westland, Michigan 48185

OR

Betty Lou Newman  
5786 5th Conc. North, R.R. #4  
Amherstburg, Ont., Canada N9V 2Y9

Telephone (734) 513-9944

Telephone (519) 734-1097

*If you live in the U.S., please send registrations to Rex Monarch  
If you live in Canada, please send registrations to Betty Lou Newman.  
Please see attached note re camp cost.*

Camper's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
day                      (use word) for month                      year                      school grade in Sept 2010

Complete mailing address: \_\_\_\_\_  
\_\_\_\_\_

Camper's home phone # (\_\_\_\_\_) \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Please list any health concerns that we should be aware of: (ex. allergies, medication information etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Health card information: \_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, this person is in good health, and is physically able to participate in all camp activities, except as indicated. All medical problems or conditions requiring on-going medical supervision or care, have been fully noted. I understand that if any charges for medical services are incurred as a result of lack of disclosure, I will be responsible for these charges.

I will notify the camp if my child is exposed to an infectious disease during the three weeks prior to arriving at camp. I hereby give Camp Nurse permission to administer over-the-counter medications and/or First Aid, as required. In the case of medical emergency, I understand every effort will be made to contact parents or guardian. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure necessary treatment for my child as named above.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

A map is available upon request (before July 1). Please telephone or send request with registration.  
**\*\*After July 1, please call Betty Lou Newman before mailing your registration.**