

FAMILY CAMP REGISTRATION, WAIVER & AGREEMEMT TO ADHERE

Name:	
Mailing Address:	
Email:	
Phone: (Home)	(Cell)
Names and ages of children attending:	
Number of Communicants for Mass	
Please indicate the camp session you July 22 - 27, 2018 at John Pau July 29 - August 3, 2018 at Joh	l II Cultural Centre, Port Burwell
August 26 - August 31, 2018 a	
Dietary Restrictions? (Can accommodate if f	food comes prepared)
Please explain:	
Does your family have an anniversary or bir	thday during the week of family camp? Yes No
If yes, please list here:	

Payment Schedule: Total fee for the week is \$850.00

A deposit of \$200 is due upon booking. (Online, check, credit card, or e-transfer) The \$200 deposit is required to secure your spot.

The remaining \$650 is to be paid by post-dated check, credit card, or e-transfer on the following dates:

June 1 - \$250 July 1 -	\$200 August	1 - \$200				
Payment Options: A) \$850 (Online	Check Cre	dit Card e-transfer)			
B) \$200 Deposit (Online Chec	k Credit Card	e-transfer))			
We have included post-dated check(s) for the balance (# of checks included) Please make check(s) payable to Family Foundations Institute .						
Please charge my Credit Card [Please provide us with your Credit Card #, Name on Card, Expiry Date (MMYY), Security Code, Signature and Date on a separate sheet of paper] We will process your payments according to the payment schedule above.						
We will make e-transfers. Please	email to info@far	nfi.ca				
For financial assistance contact info@fam	<u>fi.ca</u> or Brian Simp	son at 519-872-7172.				
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CAMPING WAIVER AND INFORMED CONSENT

TO PARTICIPATE IN SPORT / OUTDOOR RELATED ACTIVITIES FOR PARENT AND MINORS.

*** THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING. ***

It is my intention and desire for my family to participate in the Family Camp to be held at the campsite and on the date indicated above. I hereby acknowledge that I am fully aware of the nature and purpose of this activity and acknowledge that this activity is potentially dangerous and that I voluntarily accept any risk to my family. In consideration of my family being permitted to take part in these activities, I agree that we be bound by the rules of the camp, and to obey the directions of the leaders of the activities. I agree to release, hold harmless and keep indemnified the organizers from and against all claims, actions, cost, expenses and demands in respect to death, injury, loss or damage to my family or property, howsoever caused, arising out of or in connection with taking part in this event, except insofar as any such loss, etc., is solely attributable to the negligence of the organizers and directors. I confirm that my family members are good physical health, and do not suffer from any physical disabilities unknown to the organizers.

DATE:				
	I give permission for photos to be us	sed for the pi	omotion of Family Camp	and/or initiatives of
	Family Foundations Institute: YES	NO	. If this section is not o	ompleted, we will

SIGNATURE: _____ (PARENT)

assume permission has been granted.

AGREEMENT TO ADHERE

Please read the 'Family Foundations Institute Family Camp Mission, Core Values, and Code of Conduct' prior to signing this AGREEMENT TO ADHERE. This document can be found on our website at http://famfi.ca/wp-content/uploads/2018/01/Family-Camp-Mission-Core-Values-and-Code-of-Conduct-2018.pdf

As a Family Camp we operate based on our clearly defined statements of Mission, Core Values and Code of Conduct. For the enjoyment of all families participating in Family Camp, and for the fruitfulness and success of Family Camp, we require that all families participating in Family Camp support and agree to adhere to our mission, values and code of conduct.

Please complete the Family Camp Registration, Waiver, and Agreement to Adhere, and send to us at:

info@famfi.ca (Please note, a scanned copy of these documents is satisfactory)

OR

Mail to:

Family Foundations Institute - Family Camp, 203 Reycraft Ave, Glencoe ON NOL 1MO.

