

MCGOWAN'S LAKE REUNION 2022
Thursday August 18th to Sunday August 21st
Maberly, Ontario

REUNION ENROLMENT FORM FOR ADULTS/CHILDREN – 1 per Person or Family

****PLEASE REGISTER EARLY****

***NOTE:** We would like everyone to be able to attend – if the cost is of concern for you, please contact Scott Kelley to make other arrangements.

Name: _____

Address: _____

Address: _____

Phone: _____ E-mail: _____

Attendee Names (First and Last)	Class				Child's Age
	[SrHigh going into grade 10 or higher]	[JrHigh going into grades 6-9]			
_____	<input type="checkbox"/> Adult	<input type="checkbox"/> SrHigh	<input type="checkbox"/> JrHigh	<input type="checkbox"/> Child:	_____
_____	<input type="checkbox"/> Adult	<input type="checkbox"/> SrHigh	<input type="checkbox"/> JrHigh	<input type="checkbox"/> Child:	_____
_____	<input type="checkbox"/> Adult	<input type="checkbox"/> SrHigh	<input type="checkbox"/> JrHigh	<input type="checkbox"/> Child:	_____
_____	<input type="checkbox"/> Adult	<input type="checkbox"/> SrHigh	<input type="checkbox"/> JrHigh	<input type="checkbox"/> Child:	_____

Registrations – (For insurance purposes, please register *everyone* in your group)

All Attendees (age8+) _____ people for _____ days @ \$6/day = \$ _____

Family of 3 or more (children ages 8-18) _____ days @ \$18/day = \$ _____

Note: There is no charge for children 7 and under.

Registration Subtotal \$ _____

Camp/Trailer Sites (not applicable to those with McGowan's Lake camp/trailer site agreements.)

Camp/Trailer Site: _____ days @ \$12.50/day or \$75.00/week \$ _____

(max. 4 adults & and their children per site) **Camp/Trailer Site Subtotal** \$ _____

Meals (1 supper per day: Wednesday to Saturday and 1 lunch on Saturday) **1 ticket per person**
 (children 2 and under are free)

Meal Tickets: includes 4 Suppers and 1 Lunch Total# _____ @\$38 \$ _____

Or individual meals: _____Wed.____ Thurs.____ Fri.____ Sat. Supper(s) @ \$8 \$ _____

_____Sat. Lunch @ \$8 \$ _____

Meals total# _____

Meals Subtotal \$ _____

Totals

Registration subtotal: \$ _____

Camp/Trailer Site subtotal: \$ _____

Meals subtotal: \$ _____

Make cheque payable to COMMUNITY OF CHRIST – MCGOWAN'S LAKE TOTAL \$ _____

Registrar use only: cash _____ cheque _____

How many pets will be on the Grounds? _____ Proof of vaccinations: Attached Already on record

Send Registration to: Scott Kelley, touchpointtax@gmail.com, (613) 880-2048

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Community of Christ
CANADA EAST MISSION – MCGOWAN'S LAKE

We are delighted that you have chosen to attend this event. Before completing the rest of the enrolment form, please read the privacy policy, which summarizes our commitment to protect your personal information you share with us.

PRIVACY POLICY

- We respect your privacy. We protect your personal information and adhere to all legislation requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on activities that we sponsor, including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts.
- If at any time you wish to be removed from any of these contacts you can do so by phoning 888-411-7537, or via e-mail emily@communityofchrist.ca and we will gladly accommodate your request.
- I have read the Privacy Policy of the Community of Christ and understand that the information I provide will not be shared with any outside party as outlined above.

Signature of Responsible Adult** _____ **Date** _____
(Campers under 18 years of age, must have a parent or guardian sign on their behalf.)**

Signature of Responsible Adult** _____ **Date** _____
(Campers under 18 years of age, must have a parent or guardian sign on their behalf.)**

RELEASE AND WAIVER OF LIABILITY

**** (1 per person or family – all adults need to sign)****

IN CONSIDERATION of Community of Christ accepting my enrolment I agree to this Release and Waiver of Liability.

- I understand that attendance at reunion involves certain risks and dangers, not all of which can be listed here. Amongst the more obvious and frequent are: hazards in connection with movement about camp and over uneven terrain; hazards in connection with camp sports activities; hazards in connection with travel to and from camp; and hazards in connection with the use of camp buildings and facilities.
- I am not relying on any oral or written statements made by Community of Christ or by anyone representing it, whether such representations are contained in brochures or media form or in individual conversations, to lead me to become involved in the camp program for which I have applied on any basis other than my assumption of the risks and dangers involved.
- I personally accept all risks and dangers and the possibility of death, personal injury, property damage and loss resulting from my attendance at camp. The risk is accepted for any cause whatsoever on the part of Community of Christ or its employees, agents or representatives.
- I confirm that I have read over this agreement before signing, that I understand it, that I am signing it of my own will and accord and that it will be binding not only on me, but also on my heirs, my next of kin, and my estate trustees.
- I agree that the laws of the Province of Ontario govern this contract and that any legal concerns will be handled in the courts of that Province.

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PHOTO RELEASE

** (1 per person or family – all adults need to sign)**

Please choose 1 of the following:

Option 1

In consideration of the right of the aforementioned applicants to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which I or my family may appear. I hereby waive all right of privacy in and to any said pictures, videotapes, web page or social media sites.

Signature of Responsible Adult** _____ Date _____
(** Campers under 18 years of age, must have a parent or guardian sign on their behalf.)

Signature of Responsible Adult** _____ Date _____
(** Campers under 18 years of age, must have a parent or guardian sign on their behalf.)

Option 2

In consideration of the right of the aforementioned applicants to participate in this activity, I do NOT give consent to the taking of photographs or videotapes of myself or my family in any format that they may appear including pictures, videotapes, web pages or social media sites.

LIST OF FOOD ALLEGIES AND SPECIAL REQUIREMENTS

If yourself, or anyone in your family, have any food allergies or sensitivities you must register early in order that our cooks are able to make substitutions to their meal plan. If the cooks are unable to guarantee that there will be no food contact with these ingredients, you will be informed as soon as possible so adjustments may be made to your meal portion of the registration fees.

FOOD ALLERGIES:

First/Last Name & Food Allergy: _____

First/Last Name & Food Allergy: _____

First/Last Name & Food Allergy: _____

First/Last Name & Food Allergy: _____

FOOD SENSITIVITIES:

First/Last Name & Food Sensitivity: _____

First/Last Name & Food Sensitivity: _____

First/Last Name & Food Sensitivity: _____

First/Last Name & Food Sensitivity: _____

First/Last Name & Food Sensitivity: _____

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MEDICAL INFORMATION

***1 per person** – it is recommended you photocopy this form and keep it with you

Medical Information for: _____ (please print camper's full name)

Emergency Contact Information while the above camper is at Reunion:

Adult Name: _____

Phone _____

Address: _____

The following questions are for informational purposes only and all answers will be held in strict confidence. This information is required to help ensure your health, safety and, if required, effective medical treatment.

Allergy to foods, medications (if none, so state) _____

Are you currently under a physician's care for any acute or chronic medical condition? Yes _____ No _____

If yes, please explain _____

Do you carry *non-prescription* medication on their person? (if none, so state) _____

Medication(s) and purpose _____

Do you require *prescription* medication? (if none, so state) _____

Medication(s) and purpose _____

Physician _____ Phone () _____

Health Card Number _____

Original Health Card is Required: If original Health Card is not shown at time of treatment additional non-refundable charges may be applied.

Permission for Medical Treatment

I, the undersigned, hereby authorize any necessary medical treatment for my children or myself. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, medicines, ambulance, other)

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Adapted Campground Rules and Regulations for Reunion
Full List of Campground Rules and Regulations are posted in the Heritage Hall.

1. Have due regard in keeping the costs of operating the Campground to a minimum.
2. Have due regard for the safety and security of the grounds.
3. Have due regard for health and safety regulations.
4. Shoes of some kind are to be worn at all times while walking/playing on the grounds.
5. Respect other users of the grounds and activities and events taking place.
6. Report any maintenance, security or safety hazard to the Camp Director, for action as soon as practical/possible.
7. You must take all garbage home with you when leaving the grounds. There is NO dumping anywhere on McGowan's Lake property.
8. Do not leave any food in trailers, or on the grounds that could attract wildlife (mice, raccoons, bears etc.).
9. Have due regard for the conservation of the grounds and the natural plants and animals who live there.
10. Full time lessees are required to provide their own picnic tables, so please leave others for occasional campers and do not remove any from common areas.
11. Quiet hours are from 11:00pm to 7:00am.
12. Radios/music outside of the trailer is not permitted between the hours of 10:00pm and 8:00am. Music during daylight hours should be kept to a minimum.
13. The number of campers per site will not exceed 1 trailer/2 tents, 4 adults and their children.
14. Children 5 and under must be supervised at all times by a caregiver no younger than 12 years of age.
15. Waterfront areas are off limits to children at all times, unless accompanied by a caregiver of 16 years or older. No swimming is permitted at any time unless two lifeguards are present.
16. No consumption of alcohol or illegal drugs is permitted while on the grounds.
17. No hunting is allowed on the grounds and if noticed, report to the Camp Director immediately.
18. No firearms or other weapons are permitted on the grounds.
19. There shall be no use of *personal* fire crackers or *personal* fireworks at any time on the campgrounds.
20. At no times shall anyone make any changes to the camp's electrical or water systems. Please see your Camp Director should any problems need to be addressed.
21. Trailers are required to have a holding tank to dispose of grey water.
22. No vehicle is to exceed 15 km/h anywhere on the grounds, and all operators of motorized vehicles must be licensed.
23. No off-road motorized vehicles are allowed on the grounds, except as may be required to perform maintenance or other work authorized by the Camp Director.
24. Pets are welcome provided their vaccinations are up-to-date. The owner must keep his/her pet under leash control at all times and clean up any mess that the pet may make. The owner must ensure that the pet does not intrude on anyone else on the grounds. Pets are not allowed in any of the buildings.
25. Tested, pressurized water is available from various service points on the grounds. Please observe common sense and think of conservation when using it. The well has a limited capacity, and it may run dry if the water is pumped for a long time, or at high volumes.