

McGOWAN'S LAKE CAMPGROUND REUNION 2025
CHOOSE HOPE – FRIDAY 18 JULY TO WEDNESDAY 23 JULY

ENROLMENT FORM FOR ADULTS AND CHILDREN (1 per Family or Person)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Attendee Name(s)	Adult	Senior High Grade 10+	Junior High grade 6-9	Child (include age)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Registration: Please register **everyone** in your group for insurance purposes. Maximum of 5 days.

All attendees age 8+ _____ people for _____ days @ \$7.50 per day _____
7 years old and under _____ no charge

Family of 3 or more _____ days @ \$22.50 per day _____

Camp Site fee (max 4 adults & children per site) _____ days @ \$20.00 per day _____

Not applicable for seasonal site holders

Meals (4 lunches and 4 dinners NO breakfasts will be provided) **1 ticket per person**

18+ \$75/per _____ 12-17 \$70/per _____ 9-11 \$65/per _____ 5-8 \$40/per TOTAL _____

Family Maximum (2 adult plus children 4-17 for 8 meals) \$200.00 _____

OR individual meals

Sat _____ Mon _____ Tues _____ Wed _____ _____ Lunches @ \$8.50 _____

Sat _____ Sun _____ Mon _____ Tues _____ _____ Suppers @ \$10.50 _____

TOTAL REGISTRATON _____

TOTAL CAMP SITE FEE _____

TOTAL MEALS _____

TOTAL FEES _____

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Pets? Yes / No How many? _____ Proof of Vaccinations attached _____

PLEASE SEND REGISTRATION TO:

Elizabeth Young, Apt. 710, 1620 Bath Road, Kingston, Ontario K7M 0E5 youngyoungej@aol.com

Payment due at camp

Please make cheque payable to **Community of Christ – McGowan's Lake Campground**

E-transfer payment is not available at this time.

Financial Assistance is available, please contact Wanda White whitefamily.org@sympatico.ca for details.

Community of Christ

Canada East Mission – McGowan's Lake Campground

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 provided 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 _____, 2025**
(Campers under 18 years of age, must have a parent or guardian sign on their behalf.)**

Signature of Responsible Adult _____ Date _____, 2025**
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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 the 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 as 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.

Signature of Responsible Adult _____ Date _____, 2025**
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PHOTO RELEASE

****(1 per person or family – all adults need to sign AND initial preferred option)****

Option 1

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

Option 2

_____ In consideration 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.

Signature of Responsible Adult _____ Date _____, 2025**
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MEDICAL INFORMATION

One per person – it is recommended that you photocopy this form and keep it with you.

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

Emergency Contact Information while that 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.

Allergies 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 your person? (if non, so state) _____

Medication(s) and purpose _____

Do you require *prescription* medication? (if no, so state) _____

Medication(s) and purpose _____

Physician _____ Phone (_____) _____

Ontario 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)

Signature of Responsible Adult** _____ **Date** _____, 2025

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

LIST OF FOOD ALLERGIES 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 and Last Name & Food Allergy: _____
Anaphylactic reaction? NO _____ YES _____ EpiPen YES _____ NO _____

First and Last Name & Food Allergy: _____
Anaphylactic reaction? NO _____ YES _____ EpiPen YES _____ NO _____

First and Last Name & Food Allergy: _____
Anaphylactic reaction? NO _____ YES _____ EpiPen YES _____ NO _____

First and Last Name & Food Allergy: _____
Anaphylactic reaction? NO _____ YES _____ EpiPen YES _____ NO _____

First and Last Name & Food Allergy: _____
Anaphylactic reaction? NO _____ YES _____ EpiPen YES _____ NO _____

First and Last Name & Food Allergy: _____
Anaphylactic reaction? NO _____ YES _____ EpiPen YES _____ NO _____

FOOD SENSITIVITIES and/or SPECIAL REQUIREMENTS (vegetarian):

First and Last Name & Food: _____

First and Last Name & Food: _____

First and Last Name & Food: _____

First and Last Name & Food: _____

First and Last Name & Food: _____

First and Last Name & Food: _____

Signature of Responsible Adult** _____ Date _____, 2025

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