# Registration for LOAVES & FISHES ZIONTARIO REUNION JULY 2ND - JULY 8TH 2022

PLEASE REGISTER ASAP - MEAL PLAN DEADLINE IS JUNE 10TH

Name:							
Address:							
City:		Province:			Postal Code:		
Phone:		•	Email:			•	
Day of Arrival:			Departure 1	Day:			
Atte	ndee Names (First and	Last)	Jr. High going i	nto grades 6-9	, Sr. High going into grade 1	0 or higher	Child Age
			Adult	Sr High	h Jr High	Child	
			Adult	Sr Higl	h Jr High	Child	
			Adult	Sr High	h Jr High	Child	
			Adult	Sr High	h Jr High	Child	
			Adult	Sr High	h Jr High	Child	
			Adult	Sr High	h Jr High	Child	
			Adult	Sr High	h Jr High	Child	
I hereby	MAIL RELEASE: give consent to and a	_		hs or vide	otapes in which I ap	opear to b	oe used
in ways	that are consistent wi	th the stated privacy	y policy.				
	give consent to and a rivacy policy.	authorize the use of	my e-mail ad	dress in w	ays that are consist	ent with 1	the
	Signed:			Da	ate:		
			7				

#### **REGISTRATION:**

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

#### This year's 'full week' registration will be 6 days, Sunday-Friday. We will not be charging for "Set-up Saturday"

As long as everyone does their part and helps leave the campgrounds as it was when we arrived.

	#	#			
	Adult 1	1 @ \$ 12.00 x days = \$			
No charge for infants under 3	Adult 2	2 @ \$ 1200 x days = \$			
Child rate available for those 3-17	Student	t @ \$ 9.00 x days = \$			
G. 1	Child	@ \$ 9.00 x days = \$			
Student rate available for those 18-25 *must show valid student ID	Infant	@ \$ FREE x days			
Family rate available for \$180/ week.		# additional children:			
Includes 2 adults and 3 children/ students + \$10.00 per additional child/ student	Family @ \$180.00 + x \$10.00 = \$				
		Registration Subtotal: \$			

### **ACCOMMODATION:**

Dorms:		#				#	
	nold Peace Lodge:		Adult 1 (18 +)	@ \$30.00	x	nights	= \$
(mii	nimum of 2/room)		Adult 2 (18 +)	@ \$30.00	х	nights	= \$
			Child (under 18)	@ \$18.00	x	nights	= \$
(min	Old Dorm: nimum of 2/room)		Adult 1 (18 +)	@ \$27.00	х	nights	= \$
			Adult 2 (18 +)	@ \$27.00	х	nights	= \$
			Child (under 18)	@ \$15.00	x	nights	= \$
Campsite:			Campsite	@ \$50.00	х	days	= \$
Campsite (No I	Hydro):		Campsite	@ \$30.00	х	days	= \$
Т	railer or Tent Size:	<del></del>					
				A	ccomn	nodation Subtot	al: \$
Site or	Dorm Preference:	1		_	2		

## **MEALS**:

Meals for the week include Monday to Friday lunches. Must be ordered prior to June 10th. Not available with late registration!

Freewill Offering Meals:  Please enter the # of attendees  Saturday Supper @ 6 pm: #  Sunday Lunch after Worship: #  Sunday Supper @ 5 pm: #  Tuesday Breakfast @ 7:30 am: #  Thursday Supper @ 5 pm: #	Please Remember Real plan, plan, plan to help with washing & opots & pans floors, singi	olease sign kitchen o drying dis s, wiping t	n up for a luties. In shes, scru ables, sw	KP team cluding: abbing reeping		Special Dietary Instructions:
Weekly Meal Plan:	# of peop # of childre # of childr		er week:			@ \$ 65.00 = \$ @ \$ 50.00 = \$ @ \$ 25.00 = \$
OR Individual Meals: # of people (13+) per m # of children (9-12) per m # of children (5-8) per m *Children under 5 eat f	eal eal	Tu		Th	F 	x \$ 14.00 = \$ x \$ 10.00 = \$ x \$ 5.00 = \$ Meals Subtotal: \$
Send Registration and Payment to:				Totals:		

**Shannon Brown** 704 Breakwater Cres. Waterloo ON, N1H 4H8 jsbrown704@sympatico.ca

Payment due at camp. Please make cheques payable to "Community of Christ"

	Grand Total	\$ 
	13% HST	\$ 
	Meals Subtotal:	\$ 
	Accommodation Subtotal:	\$ 
	Registration Subtotal:	\$ 
Totals:		

# **YOUTH CLASSES:**

Please fill out one profile for each youth attending classes.

First Name:	Preferred Name:	
Last Name:	Age at Time of Camp:	
Gender:	□ M □ F □ Non Binary Grade in Sept 2022:	
Returning Camper?	□ Yes □ No	
Days Attending Class:	□ All Classes (preferred) □ Some Classes: □ M □ Tu □ W □ Th □ F (concert)	
Relevant Medical	Does this student have one of the following conditions:	
Considerations:	□ Asthma □ No □ Yes → if yes, does he/she carry/use puffers? □ Yes □ No)	
	□ Anaphylaxis □ No □ Yes → if yes, does he/she carry a current EpiPen? □ Yes □ No	do)
	□ Epilepsy □ No □ Yes → if yes, what supports are required to prevent/treat a	••)
	seizure if one occurs?	
	Scizare ii one occurs:	
Alleranie	Other:	
Allergies:	□ No Known Allergies	
	☐ 1+ Allergies Specific Allergen(s): Reaction:	
	Type of Allergen: (i.e., nuts, pollen, bees, dogs, tape adhesive) (i.e., rash, swelling, congestion, trouble breathing, anaphylaxis)	
	Food	
	Environmental	
	Stinging/Biting Insect	
	<del></del>	
	Animal Dander	
A d dition of Common orthogon	Other	
Additional Supports:	Does this student thrive with additional supports?	
	□ help with transitions □ toileting reminders	
	□ 1:1 behavioural support □ emotional check-ins	
	□ other (specify):	
First Name:	Preferred Name:	
First Name: Last Name:	Preferred Name:  Age at Time of Camp:	
	Age at Time of Camp:	
Last Name: Gender:	Age at Time of Camp:  Grade in Sept 2022:	
Last Name: Gender: Returning Camper?	Age at Time of Camp:  □ M □ F □ Non Binary Grade in Sept 2022: □ Yes □ No	
Last Name: Gender: Returning Camper? Days Attending Class:	Age at Time of Camp:  M	
Last Name: Gender: Returning Camper? Days Attending Class: Relevant Medical	Age at Time of Camp:    M	
Last Name: Gender: Returning Camper? Days Attending Class:	Age at Time of Camp:  □ M □ F □ Non Binary Grade in Sept 2022: □ Yes □ No □ All Classes (preferred) □ Some Classes: □ M □ Tu □ W □ Th □ F (concert)  Does this student have one of the following conditions: □ Asthma □ No □ Yes → if yes, does he/she carry/use puffers? □ Yes □ No)	No)
Last Name: Gender: Returning Camper? Days Attending Class: Relevant Medical	Age at Time of Camp:  □ M □ F □ Non Binary Grade in Sept 2022:  □ Yes □ No □ All Classes (preferred) □ Some Classes: □ M □ Tu □ W □ Th □ F (concert)  Does this student have one of the following conditions: □ Asthma □ No □ Yes → if yes, does he/she carry/use puffers? □ Yes □ No) □ Anaphylaxis □ No □ Yes → if yes, does he/she carry a current EpiPen? □ Yes □ No	No)
Last Name: Gender: Returning Camper? Days Attending Class: Relevant Medical	Age at Time of Camp:  □ M □ F □ Non Binary Grade in Sept 2022: □ Yes □ No □ All Classes (preferred) □ Some Classes: □ M □ Tu □ W □ Th □ F (concert)  Does this student have one of the following conditions: □ Asthma □ No □ Yes → if yes, does he/she carry/use puffers? □ Yes □ No) □ Anaphylaxis □ No □ Yes → if yes, does he/she carry a current EpiPen? □ Yes □ No □ Epilepsy □ No □ Yes → if yes, what supports are required to prevent/treat a	No)
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Last Name: Gender: Returning Camper? Days Attending Class: Relevant Medical	Age at Time of Camp:  □ M □ F □ Non Binary Grade in Sept 2022: □ Yes □ No □ All Classes (preferred) □ Some Classes: □ M □ Tu □ W □ Th □ F (concert)  Does this student have one of the following conditions: □ Asthma □ No □ Yes → if yes, does he/she carry/use puffers? □ Yes □ No) □ Anaphylaxis □ No □ Yes → if yes, does he/she carry a current EpiPen? □ Yes □ No □ Epilepsy □ No □ Yes → if yes, what supports are required to prevent/treat a seizure if one occurs?	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:	Age at Time of Camp:  □ M □ F □ Non Binary Grade in Sept 2022: □ Yes □ No □ All Classes (preferred) □ Some Classes: □ M □ Tu □ W □ Th □ F (concert)  Does this student have one of the following conditions: □ Asthma □ No □ Yes → if yes, does he/she carry/use puffers? □ Yes □ No) □ Anaphylaxis □ No □ Yes → if yes, does he/she carry a current EpiPen? □ Yes □ No □ Epilepsy □ No □ Yes → if yes, what supports are required to prevent/treat a seizure if one occurs?  □ Other:	No)
Last Name: Gender: Returning Camper? Days Attending Class: Relevant Medical	Age at Time of Camp:  □ M □ F □ Non Binary Grade in Sept 2022: □ Yes □ No □ All Classes (preferred) □ Some Classes: □ M □ Tu □ W □ Th □ F (concert)  Does this student have one of the following conditions: □ Asthma □ No □ Yes → if yes, does he/she carry/use puffers? □ Yes □ No) □ Anaphylaxis □ No □ Yes → if yes, does he/she carry a current EpiPen? □ Yes □ No □ Epilepsy □ No □ Yes → if yes, what supports are required to prevent/treat a seizure if one occurs?  □ Other: □ No Known Allergies	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:	Age at Time of Camp:    M	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:	Age at Time of Camp:    M	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:	Age at Time of Camp:    M	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:	Age at Time of Camp:    M	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:	Age at Time of Camp:    M	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:	Age at Time of Camp:    Age at Time of Camp:   Grade in Sept 2022:   Grade in Sept 2022:	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:	Age at Time of Camp:  □ M □ F □ Non Binary Grade in Sept 2022: □ Yes □ No □ All Classes (preferred) □ Some Classes: □ M □ Tu □ W □ Th □ F (concert)  Does this student have one of the following conditions: □ Asthma □ No □ Yes → if yes, does he/she carry/use puffers? □ Yes □ No) □ Anaphylaxis □ No □ Yes → if yes, does he/she carry a current EpiPen? □ Yes □ No □ Epilepsy □ No □ Yes → if yes, what supports are required to prevent/treat a seizure if one occurs?  □ Other: □ No Known Allergies □ 1+ Allergies Type of Allergen: □ Food □ Environmental □ Stinging/Biting Insect □ Animal Dander	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:  Allergies:	Age at Time of Camp:    M	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:	Age at Time of Camp:    M	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:  Allergies:	Age at Time of Camp:    M	No)
Last Name:     Gender:     Returning Camper?     Days Attending Class:     Relevant Medical     Considerations:  Allergies:	Age at Time of Camp:    M	No)