



COMPLETE ALL PAGES OF THE APPLICATION FROM – PLEASE PRINT CLEARLY
(Visit us at www.campnutimik.com for online registration.)

SUMMER 2024 REGISTRATION *ONE REGISTRATION FORM PER CAMPER

Have you attended Camp Nutimik before? Yes No Male Female

Last Name: _____ First Name: _____

Birth Date: _____ Age: ____ Grade completed _____ as of June 30, 2024

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Parent/Guardian (with whom the child lives): _____

Parent/Guardian Home Phone #: (____) _____ Cell Phone #: (____) _____

Valid E-mail Address: _____

Office Use Only:
 Date Received: _____
 Confirmation Sent: _____
 Balance Paid: _____
 Balance Owning: _____
 Other: _____

MAIL COMPLETED FORMS TO:

Camp Nutimik Registrations
Box 35040 RPO Henderson
Winnipeg, MB R2K 4J9
Phone (204) 348-2551
registrar@campnutimik.com

CAMP SELECTION

NOTE: GST to be added at time of payment.

Camps are divided based on camper's age as of December 31, 2024.

Classic Camps:

- Junior Mini (ages 7-9) \$275
- Junior Mini Day Camp* (ages 7-9) \$190
- Junior 1 (ages 9-11) \$420
- Junior 2 (ages 9-11) \$420
- Junior Day Camp* (ages 9-11) \$295
- Middle Years (ages 11-13) \$430
- Intermediate (ages 12-14) \$435
- High School (ages 14-17) \$445

Outdoor Adventure Camps:

- Tent Adventures Guys (ages 10-14) \$405
- Tent Adventures Girls (ages 10-14) \$405
- Outpost Canoe Trip (ages 13-15) \$395
- Waterski Camp (ages 14-17) \$510

Leadership Steps:

- Step up (ages 14-16) \$445
- Step In (ages 15-16) \$520
- Step Out (ages 16-17) \$545

Must be 16 years old by August 31

Steps T-shirt included for each program.

Check off your size. S M L XL

Family Adventures:

- Parent/Child Canoe Trip* (ages 8+)
Adult & Child pair - \$210
Each additional child - \$ 75

** Bus transportation available*

Use Family Camp Registration Form to register for Family Camp.

All registrations must have a Valid e-mail address. All confirmations will be sent by e-mail only!

Are camper fees being paid by a Church, Corporate Sponsor or Agency?

Yes No *If yes, list the Agency/Sponsor information:*

Agency Name (if applicable): _____

Contact Name: _____ Phone #: (____) _____

As an accredited camp with the Manitoba Camping Association (MCA), campers in need of financial assistance are eligible for funding from the MCA Sunshine Fund. More funding information can be found at: www.mbcamping.ca/sunshine-fund

Have you submitted a Sunshine Fund application? Yes No

Indicate the result of your application:

Approved Not Approved Result Unknown

Cabin Mate Request:

(List up to 2 other campers you would like to bunk with during your week of camp.)

1) _____ 2) _____

Camper's swimming ability? (Level completed if applicable) _____

Indicate the name and phone number of the individual who will be picking the camper up from Camp or from the Transportation Drop-Off location.

Name: _____ Phone #: (____) _____

Home Church (if applicable): _____

Which characteristics describe your child?

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Creative | <input type="checkbox"/> Distracted |
| <input type="checkbox"/> Easygoing | <input type="checkbox"/> Emotional | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Insecure | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Quiet | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Strong Willed | <input type="checkbox"/> Withdrawn |

Will your child require assistance while at camp? Yes No

Does your child have any physical or behavioural needs?

Physical Behavioural

(REGISTRATION CONTINUED)

Describe any needs, diagnosis (ie. ADHD, PTSD, etc.), or information to help us know what needs to be in place to accommodate these needs:

Attach additional notes on a separate sheet if more space is needed.

Does your child take any medication for behavioural correction?

Yes No

We will contact you after our initial review of your registration to determine whether we are able to provide the type of assistance your child needs.

Does your child have any dietary needs that we should be aware of? Yes No

*Please indicate dietary needs, food allergies or considerations on the health form.

**There are no additional fees for camper dietary needs accommodations.

Does your child have any fears we should be aware of? Yes No

If yes, please elaborate:

CAMP FEES & PAYMENT INFORMATION:

Selected Camp Fees

(Calculate the total camp fees for Camps selected on page #1 and enter full amount.)

\$ _____

GST

Add %5 for GST to the cost of your registration.

\$ _____

Theme T-shirt

(NEW THIS YEAR... **Every camper receives a camp t-shirt with their Camp registration!**)

Select your size:

YOUTH S M L ADULT S M L XL

\$ No Charge

Transportation

Transportation **TO** Camp Nutimik from: Winnipeg (\$40) Beausejour (\$40)

\$ _____

Transportation **FROM** Camp Nutimik from: Winnipeg (\$40) Beausejour (\$40)

\$ _____

Total \$ _____

PAYMENT

Check off payment method:

Mastercard Visa

Cheque (Included)

PayPal or E-transfer

Sponsorship/Agency Funding

Sunshine Fund

Credit Card #: _____ Exp.Date: _____ CVC: _____

I hereby authorize all charges on my credit card: _____

Signature

Payment by Cheque: Make cheque payable to **Camp Nutimik**

PayPal or E-transfer:

E-transfers are to be sent to: **bookkeeper@campnutimik.com**

Please include the following info in the memo portion:

Camp Dates & Camper Name

*Follow-up payment with email to bookkeeper with name of sender & name of camper(s).

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Camp Nutimik Registrations

Box 35040 RPO Henderson

Winnipeg, MB R2K 4J9

Phone (204) 348-2551

registrar@campnutimik.com



YOUTH INFORMED CONSENT & ACKNOWLEDGEMENT OF RISK

(TO BE COMPLETED FOR ALL PARTICIPANTS UNDER THE AGE OF 18)

Camper First & Last Name

Parent/Guardian First & Last Name

This is a binding legal agreement, therefore, please clarify any questions or concerns before signing. The intent of this form is to inform you of the activities and expectations of our programs so that the choice to participate in any Camp Nutimik program is made freely and with understanding of the associated benefits, risks, and responsibilities.

NOTE: This is not a waiver and signing this form DOES NOT waive your child’s legal rights.

As a participant in camps, events, programs, and activities organized, operated, or conducted by Lake Nutimik Baptist Camp Inc. o/a Camp Nutimik, (collectively the “Events”), the undersigned, being the Participant and the Parent/Legal Guardian of the Participant (collectively the “Parties”), acknowledge and agree to the following terms:

1. Registration and Enrollment

Registrations are processed with a non-refundable \$75.00 deposit. (Post-dated cheques are not accepted for deposits). Fees must be paid in full by June 1st of the current year to ensure camper spot. Late registration will be accepted throughout the summer as space is available and full payment is sent with the registration. A NSF cheque will cancel the registration and a \$30.00 charge will be applied to reinstate the registration. **Written cancellations** received three (3) weeks prior to a camp session will receive a full refund less the \$75.00 registration fee. Transportation cancellations or changes must be received in writing ten (10) days prior to the first day of the registered camping session. Failure to do so may result in forfeiture of transportation fee. **Fees are not adjusted for late arrivals, early departures, or dismissal due to disciplinary action.**

The Participant must be covered by Provincial Health or equivalent and a completed and detailed Medical Form must be completed in order for registration to be complete. All physical, dietary (including gluten free, celiac, dairy free, pork free, vegetarian and the like) and behavioral needs of the Participant must be disclosed in writing in order for the registration to be processed. Failure to disclose needs may result in the dismissal of the Participant.

Camp Nutimik reserves the right to not accept any participant who upon registration is found to be infected with lice or nits without compensation. Upon medical evidence that lice treatment has been completed, the participant may be accepted to the program.

Additional forms and steps for the approval of Participants with behavioral and physical special needs must be submitted with the registration. Acceptance of the Participant will be based on what Camp Nutimik can safely accommodate. If the Participant has behavioral and/or special needs where it is deemed necessary for the Participant to have an aide, the registration fee for a companion will be the responsibility of the parent, legal guardian or agency. Where Camp Nutimik is able to provide the necessary aide, an additional fee will be assessed based on the Participant’s need.

Camp Nutimik is a nut free environment. Off-site (Adventure) camps **are not** guaranteed to be nut free.

We understand and agree

(Please initial as indicated)

Parent/Guardian

Participant

2. Benefits & Risks

The activities offered at Camp Nutimik are designed to pose appropriate challenges for participants. The enjoyment and educational benefit derived from outdoor activities is, in part, a result of the risks inherent in these activities. The benefits of participation include developing self-confidence, leadership, teamwork and interpersonal skills, exposure to outdoor recreational activities and nature education. While Camp Nutimik strives to manage and mitigate risk, it is neither possible nor desirable to eliminate all risk.

The Participant is participating voluntarily with the Organization and/or in the Events. In consideration of the Participant’s participation with the Organization and/or in the Events, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and that the Participant may be exposed to such risks, dangers and hazards. **The risks, dangers and hazards include but are not limited to injuries from participating in or with the following activities or equipment:**

- white water and flat-water canoeing and kayaking, hiking, nature study, snow shoeing, cross-country skiing, swimming, motor boating, backcountry camping, winter camping, use of camp stoves and campfires, rental of canoes, kayaks and other equipment, instructional courses, transportation, food & beverages, water supply, rescue and first aid services and accommodation.

The risks, dangers and hazards also include but are not limited to:

- accidents which occur during transportation or travel to and from activity locations; slips and falls; overturning of boats; all water hazards; cold water immersion; hypothermia; creek or river crossings; rock fall; inclement weather conditions including storms, high winds, high waves and lightning, equipment failure, encounters with domestic and wild animals; collision with other persons, animals, equipment, vehicles or objects; becoming lost, negligence of other persons including other guests, and negligence on the part of Camp Nutimik, including the failure by Camp Nutimik to safeguard or protect the participant from the risks and hazards of the activities.

Furthermore, the Parties are aware:

- that the Participant’s risk of injury is reduced if he or she follows all rules established for participation and,
- that the Participant’s risk of injury increases as he or she becomes fatigued.
- Communication with emergency services may be difficult and in the event of an accident or illness, rescue, medical treatment beyond immediate first aid, dental treatment and evacuation may not be available or may be delayed.

The Parties agree that the Executive Director of Camp Nutimik or his designate reserves the right to dismiss the Participant if he or she is a hazard to the rights and safety of other campers, or has rejected the reasonable controls of Camp Nutimik and/or violated the Camp's prohibition including without limitation: possession of/or use of tobacco products, non-prescription drugs, alcohol and cannabis products.

We understand and agree

(Please initial as indicated)

Parent/Guardian

Participant

3. Additional Programming Acknowledgement

1. The undersigned agrees to allow photographs or video of camp activities which may include the Participant to be used in camp promotional material including without limitation; brochures, CDs, DVDs, the camp website, camp newsletters and public presentation in any and all forms. Camp Nutimik respects the privacy of Participants and will not identify individuals if using photographs or videos.

2. The undersigned understands that Camp Nutimik may provide the Participant's name, address and phone numbers to those churches which are affiliated with Camp Nutimik for the purpose of camper follow-up as permitted by the Parent/Guardian.

We understand and agree

(Please initial as indicated)

Parent/Guardian

Participant

4. Permission to contact Campers

It is a privilege for us to have your camper spend a week with us here at Camp Nutimik. During this week of camp, we look forward to many great friendships being formed! We have an amazing summer staff team and they love to stay connected with their campers throughout the year to hear how they are doing and answer any questions that they may have about the topics discussed during your child's time at camp. We also have a number of opportunities during the year for campers to reconnect through events.

As part of our child/youth protection policy, we are committed to honoring you as a parent/guardian and ask your permission before any contact occurs between campers and our summer staff whether through phone calls, social media (Facebook Twitter, Instagram, etc.) or any other means.

Our summer staff would count it a privilege and an honor to be able to continue to stay involved in your camper's life after the summer.

Please indicate whether or not you give your permission for our summer staff to stay in contact with your camper.

If you wish to discuss this further, please contact our Executive Director by phone or e-mail (please see camp website – www.campnutimik.com for contact information.) If you wish to withdraw your permission at any time, please contact the Executive Director immediately.

We agree to the above

We disagree to the above

(Please initial as indicated)

Parent/Guardian

Participant

5. Disclaimer

Lake Nutimik Baptist Camp Inc. o/a Camp Nutimik and its directors, officers, committee members, employees, volunteers, participants, agents, insurers, representatives (collectively the "Organization") are not responsible for any injury, personal injury including death, damage, property damage, expense, loss of income, or loss of any kind suffered by the Participant during, or as a result of participating with the Organization and/or in any Events, caused by the risks, dangers and hazards associated with the Organization and/or the Events.

6. Release of Liability & Acknowledgement

In consideration of the Organization allowing the Participant to participate, the Parties agree

- To freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury including death, property damage, expense and related loss, including loss of income resulting from participating with the Organization and/or in the Events; and
- To forever release the Organization from any and all liability for any and all claims, demands, losses, damages, actions and cost that might arise out of the Participant's participating with the Organization and/or in the Events, or from the physical risks associated with same.

The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, executors, administrators, representatives, successors, and assigns.

Print GUARDIAN Full Name

Signature

Print CAMPER Full Name (13-17 only)

Signature

Date of Signing: _____



SUMMER 2023 – CAMPER HEALTH REPORT

(THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED WITH YOUR REGISTRATION)

Last Name: _____ First Name: _____ Male Female

Birth Date: _____ Age: _____ Height: _____ Weight: _____

Parent(s)/Guardian(s) (with whom the child lives): _____

Parent/Guardian Home Phone #: (____) _____ Cell Phone #: (____) _____

Mailing Address: _____ City/Town: _____ Province: _____ Postal Code: _____

Personal Medical # (9 Digit): _____ Registration # (6 Digit): _____

Other Medical Insurance Provider: _____

Insurance Company Name, Group Number, Name of Policy Holder

Camper's Doctor: _____ Home Phone #: (____) _____

Camper's Dentist: _____ Home Phone #: (____) _____

EMERGENCY CONTACT (Provide the name of two emergency contacts – do not use parent or guardian information.)

Name	Relationship	Home Phone #	Alternative Phone #

HEALTH INFORMATION & DETAILS

Does your child have any allergies? Yes No

If yes, please give more details, description of reaction, etc. _____

Does your child require an EpiPen? Yes No

If yes, please provide details about your child's anaphylaxis, description of reaction, etc. _____

If your child requires an EpiPen, please provide two non-expired EpiPens; one for your child to carry with them and one to leave in the cabin.

Does your child have any dietary restrictions? Yes No

If yes, please explain: _____

Will your child be taking any medications while at camp? Yes No

The camp Health Officer will administer ALL medications. All prescribed medication must be in the ORIGINAL PRESCRIPTION BOTTLE.

If medication is not in the original bottle, or the label is not legible IT WILL NOT BE ADMINISTERED.

Please provide the following information for all medications to be administered during the camp session:

Name of Medication	Dosage	Frequency & When Taken	Reason for medication and additional notes.

If your child should become ill or injured while at camp, the Health Officer may deem it necessary to administer over-the-counter medication. **May the following over-the-counter medications be given to your child while at camp?**

- | | | |
|---|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Decongestants | <input type="checkbox"/> Lozenges |
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Dimetapp | <input type="checkbox"/> Pepto-Bismol |
| <input type="checkbox"/> Antibiotic Cream | <input type="checkbox"/> Ear Drops (Polysporin) | <input type="checkbox"/> Robitussin |
| <input type="checkbox"/> Antihistamines (Benadryl, Diphenhydramine) | <input type="checkbox"/> Epi-Pen (for severe allergic reactions) | <input type="checkbox"/> Robitussin DM |
| <input type="checkbox"/> ASA (Asprin) | <input type="checkbox"/> Eye Drops (Visine, Polysporin) | <input type="checkbox"/> Sting Swabs |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Gravol | <input type="checkbox"/> Sudafed |
| <input type="checkbox"/> Cortaid | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Sunburn Spray (Solarcaine) |
| | <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> Sunscreen |

Will your child require any treatment(s) while at camp? Yes No

If yes, please explain what treatments must be given to your child including the frequency: _____

Does your child regularly take any medications that will not be taken at camp? Yes No

If yes, please explain: _____

Are your child's immunizations up to date? Yes No

Date of immunizations: _____

If your child is not fully immunized, please explain: _____

Has your child experienced, or is currently experiencing any of the following conditions?

- | | | |
|--|---|---|
| <input type="checkbox"/> Add/ADHD | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Neck Pain or Injury |
| <input type="checkbox"/> Asthma/Inhaler | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nightmares/Terrors |
| <input type="checkbox"/> Back Pain or Injury | <input type="checkbox"/> Excessive Weight gain/loss | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Fetal Alcohol Syndrome | <input type="checkbox"/> Problems Breathing or Coughing |
| <input type="checkbox"/> Behavioural Issues | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Respiratory Ailments |
| <input type="checkbox"/> Blackouts/Fainting | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Sinus Infections |
| <input type="checkbox"/> Crohn's | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Hernia | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sore Throats |
| <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> Homesickness | <input type="checkbox"/> Speech Problems |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Stomach Aches |
| <input type="checkbox"/> Dental Braces, Caps, or Bridges | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Lice | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Menstrual Difficulties | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Uses eye glasses or contacts |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Visual Problems |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Mouth Injuries | <input type="checkbox"/> Other |

Fully explain any conditions your child is currently experiencing: _____

Has your child had or currently has any of the following diseases?

- | | | |
|---|---|--|
| <input type="checkbox"/> Chicken Pox (Variella) | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Measles (Red) | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Mono (past 1 year) | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Mumps | |

Fully explain any conditions your child is currently experiencing: _____

Has your child had any operations? Yes No

Please explain the operations including dates: _____

Has your child been exposed to any communicable diseases within the last 3 months? Yes No

If yes, give additional information: _____

Does your child have any restrictions on activities? Yes No

If yes, give additional information: _____

Is there anything you would like to discuss with the camp Health Officer? Yes No

If yes, give additional information: _____

MEDICAL WAIVER

In case of medical emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and/or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident or emergency, or any other circumstances requiring medical treatment, such treatment may be procured for my child without legal or financial obligation to Lake Nutimik Baptist Camp Inc. o/a Camp Nutimik. All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.

- I give my approval for the camp to administer over the counter medications as indicated if necessary.
- I agree that the Executive Director or his designate has the right to not accept or dismiss my child if they are infected with lice or nits at the time of registration without prejudice.

I have read and understood the terms of this agreement and by ALLOWING MY CHILD to participate in the event, I am voluntarily agreeing to these terms. I confirm that my child is physically and mentally able to participate in all activities of the camp unless specifically indicate otherwise in writing.

Signature of Parent/Guardian

Date