



# Family Camp Registration Form

Please circle which week(s) your family is registering for:

Family Week # 1 (July 4<sup>th</sup> – July 9<sup>th</sup>)

Family Week # 2 (July 11<sup>th</sup> – July 16<sup>th</sup>)

Family Week # 3 (July 18<sup>th</sup> – July 23<sup>rd</sup>)

Family Week # 4 (July 25<sup>th</sup> – July 30<sup>th</sup>)

Please list all family members planning to attend.

Name	Age	Gender
		M or F
		M or F
		M or F
		M or F
		M or F

Contact Information:

Address:	
City/Town:	
Prov:	Postal Code:
Email:	
Phone #1	Phone #2

Please read the following Conditions of Enrollment carefully:

1. The parent(s) or guardian(s) submitting this application are those having legal custody over the children attending. Conditions of custody, if applicable, must be fully communicated in writing with the Camp, including, if applicable, a photocopied section of any court order referring to visitation rights. The signature on the registration form signifies that both parent(s)/guardian(s) are in agreement with the conditions of enrollment.
2. The listed applicants agree to adhere to Camp ABK's COVID-19 prevention policies, and acknowledge that failure to adhere to these policies may result in disqual from Camp without refund.
3. The listed applicants agree to remain on camp's property for the duration of the week except in case of an emergency.
4. By registering and submitting the \$150 deposit the applicant is signaling their intent to attend ABK this summer. As such if an applicant withdraws from camp for any reason (excluding medical reasons) their deposit will not be refunded.
5. If Camp is unable to run due to pandemic restrictions the full amount (including the deposit) will be refunded.
6. Balance is due upon arrival at Camp.
7. I give permission to Camp Aush-Bik-Koong to use any image or likeness of the applicant(s) for promotional purposes.
8. I consent to allow Camp Aush-Bik-Koong to collect and use information about these campers for registration, follow-up, and for mailing future camp letters and brochures.

*I have read, understood, and accepted the terms of enrollment as stated above. The information I have provided is true and accurate.*

Parent/Guardian Signature:

Date:



# Family Camp Health Form

Please list any allergies family members have. Please include any pertinent details.

Family Member	Allergies	Details

Please list any dietary restrictions family members have. Please note that Camp ABK does its best to accommodate dietary restrictions (not dietary preferences). We will contact you to discuss accommodations.

Family Member	Dietary Restrictions	Details

Please list any other health issues you feel ABK has to know about.

### Price Structure

Adults (16+) - \$350      Youth (9-16) - \$290      Children (4-8) - \$200      Children 3 and under – FREE

For Registration: Email this form to [ryan@campabk.com](mailto:ryan@campabk.com)