



# 2024 – Camp Lutherlyn Registration Children’s Camp and Leader in Training

E-mail us at: [info@lutherlyncamp.ca](mailto:info@lutherlyncamp.ca) if you have questions about registration  
PLEASE USE A SEPARATE FORM FOR EACH CAMPER or  
COMPLETE AN ONLINE REGISTRATION FORM AT [www.lutherlyncamp.ca](http://www.lutherlyncamp.ca)

**SECTION 1: NAME** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

E-Mail for confirmation: \_\_\_\_\_

CAMPER GENDER \_\_\_M\_\_\_F\_\_\_X      GRADE IN SEPTEMBER \_\_\_\_\_

CHOICE OF CABIN MATE (if any) \_\_\_\_\_

They must also request you, be the same age or grade, and gender. Every effort is made to honor requests for a cabin mate.

## SECTION 2: PLEASE CIRCLE YOUR PREFERRED CAMP WEEK(S)

### Children’s Camp

### Leader-in-Training Program

July 7-12

July 14-19

July 21-26

July 7 - 26 (no weekends)

## SECTION 3: OTHER NEEDS

Does the camper have any Health, Physical, Emotional, Behavioral or Dietary Needs which may require special attention while at camp?

\_\_\_\_ Yes \_\_\_\_\_ No: General details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4:T-SHIRT SIZE (circle) (Youth) S; M; L; XL; (Adult) S; M; L; XL**

**SECTION 5: PERMISSION WAIVER**

- I give permission for my child to attend Camp Lutherlyn and voluntarily waive any claim against Camp Lutherlyn, local churches, sponsoring institution or camp personnel for any mishap, lost articles, or any and all causes which may arise in connection with activities of the above organization.
- I give Camp Lutherlyn permission to obtain emergency medical treatment if so needed on my child's behalf.
- I give permission for any photographs or videos of camp activities which may include my child to be used in camp promotional materials and brochures and Camp Lutherlyn social media posts without any financial compensation. **\_\_\_yes \_\_\_no**
- I give permission for Camp Lutherlyn to use this information only for camp programs, Camp Lutherlyn mailings and fundraising events.

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**

**SECTION 6: FEE CALCULATION**

**Children's Camp** **\$475.00** \_\_\_\_\_

**Leader in Training Program (3 weeks)** **\$900.00** \_\_\_\_\_

**AMOUNT ENCLOSED / AMOUNT E TRANSFERRED** \_\_\_\_\_

**Balance owing:** \_\_\_\_\_

A non-refundable deposit of \$50 per camper MUST accompany the registration form, **cheque payable to Camp Lutherlyn**, or **e-transfer to: info@lutherlyncamp.ca** – please include the name of the camper in the comments. The balance is due 15 days prior to camp.

**PLEASE SEND COMPLETED FORM TO: CAMP LUTHERLYN REGISTRAR  
P.O. BOX 531, STN MAIN, PEMBROKE, ON K8A 6X7**

**OFFICE USE:**

Date Received \_\_\_\_\_ Date Confirmed \_\_\_\_\_

Receipt number \_\_\_\_\_

Amount paid \_\_\_\_\_ Balance owing \_\_\_\_\_