

Zion Hill Youth Camp Registration Form 2025

July 27th- August 2nd

197 Emmaus Rd ~ Foresters Falls, ON

Full Name _____

DOB _____ Gender _____

Age _____ Grade in Sept. _____

Address: _____

Health Card No: _____

Desired Roommate: _____

Home Church (if applicable): _____

Primary Contact Info

Name _____

Relationship to Camper _____

Phone # _____

Alt phone # _____

Email: _____

Persons Authorized to Pick Up Campers

1. Name: _____

Relationship to Camper: _____

Phone Number(s) _____

2. Name: _____

Relationship to Camper: _____

Phone Number(s) _____

While every precaution will be taken to ensure the safety and protection of the camper, Zion Hill Camp, its directors, staff, employees, or facilities outside the camp grounds are hereby released from any and all liability in the event of an accident to the camper. Any camper who expresses behaviour deemed inappropriate by camp staff may be sent home early. No refund will be given.

I have read the application form and accepted the conditions of enrollment.

Parent/Guardian Signature

Printed Name

Date

Additional waivers and consent forms will be emailed to the primary contact person once the registration form and medical forms are received. These forms must be signed and returned to complete the registration process.

Registration Fee: \$350 x _____ = _____

Camp Shirt: \$17 x _____ = _____

Camp Bucket Hat \$30 x _____ = _____ Colour: _____

TOTAL = _____

Shirts must be ordered by July 1st. Shirt Size: ____ S ____ M ____ L ____ XL

Bucket Hat Colour Options: Sky Blue, Cotton Candy Pink, Navy

To pay by e-transfer, please contact Meagan by
email: zionhillyouthcamp@gmail.com

Make cheques payable to Zion Hill Youth Camp.

**Submit completed and signed registration and medical forms to Meagan
MacPherson via email: zionhillyouthcamp@gmail.com**

Or by mail

Meagan MacPherson

% Whitewater Wesleyan Community Church

42 Cedar Haven Rd Cobden, ON K0J 1K0