



# ROCK LAKE CAMP 2026

## Camper Registration Form



### CAMP INFORMATION

**Dates:** August 9th to 14th, 2026  
**Ages:** 8–12 years old  
**Drop Off:** Sunday, August 9th at 1:00 PM  
**Pick Up:** Friday, August 14th at 4:00 PM  
**Cost:** \$250  
**Bursaries:** Bursaries are available for those who needs it.



We can't wait for an amazing week at Rock Lake!

### CAMPER INFORMATION

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Date of Birth (YYYY-MM-DD): \_\_\_\_\_ Age (at camp): \_\_\_\_\_ Gender:  Female  Male  Non-binary  Prefer not to say  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone (Camper): \_\_\_\_\_ Email (if applicable): \_\_\_\_\_  
School (Fall 2026): \_\_\_\_\_ Grade (Fall 2026): \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Parent / Guardian 1 Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent / Guardian 2 Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address (if different from camper): \_\_\_\_\_

### EMERGENCY CONTACTS (IN ADDITION TO PARENT / GUARDIAN)

Emergency Contact 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Does your child have any medical conditions?  Yes  No If yes, please explain: \_\_\_\_\_  
Allergies (food, medication, etc.): \_\_\_\_\_  
Medications (including dosage and frequency): \_\_\_\_\_  
Health Card Number: \_\_\_\_\_ Expiry (MM/YY): \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Any other information we should know? \_\_\_\_\_

### PERMISSIONS

- I give permission for my child to participate in all camp activities, including field trips and swimming.
- I give permission for Rock Lake Camp staff to administer first aid and / or seek medical attention in case of emergency.
- I give permission to use photos / videos of my child for camp promotional materials (website, social media, brochures, etc.).  
 Yes  No
- I have read and agree to the refund policy below.



### REFUND POLICY (PLEASE READ)

Refunds will be given only upon receipt of written cancellation received by the Rock Lake United Church Camp Society at least four weeks prior to the start of camp. No refunds will be given for any cancellations less than four weeks prior to the start of camp.

### SIGNATURE

I, the undersigned, confirm that the information provided is accurate and complete to the best of my knowledge.

Parent / Guardian Signature: \_\_\_\_\_ Date (YYYY-MM-DD): \_\_\_\_\_



PLEASE SEND PAYMENTS AND FORMS TO THE FOLLOWING:

[rocklakecampdirector@gmail.com](mailto:rocklakecampdirector@gmail.com)

Please include campers name in the etransfer message.



### CAMP INFORMATION:

Rock Lake United Church Camp Society  
Box 286, Jaffray BC V0B 1T0

