

Welcome to Trossachs!

Be ready to be challenged, encouraged and inspired. Meet new people, take a few risks, and enjoy some antics as well.

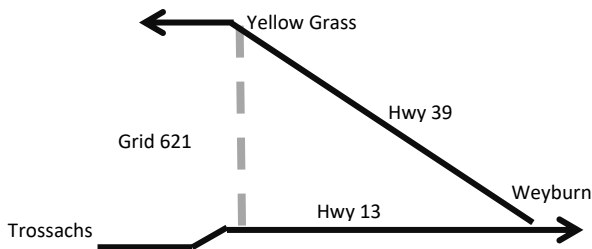
Activities include archery, swimming, paintball, wide games, campfires, a games room, an escape room, hanging around in hammocks, lame jokes, and more.

Services will feature a variety of speakers and musicians – with separate morning and joint evening services for our junior and senior youth.

Earlybird Cost is \$175, plus additional charges for paintball (\$25 a day up to two days), and money for canteen. After June 1st, registration is \$225.

Where Are We?

Trossachs is located 20 km west of Weyburn on Highway #13.



The phone # during camp is 306-842-6222.

Questions?

Registration prior to camp start: 306.779.1040



What to Bring:

- Bedding (sleeping bag/blankets, pillows)
- Toiletries (shampoo, soap, toothbrush, etc.)
- Clothing for all weather
- Swim wear (modest) and towels (about 2)
- Shoes: ideally sandals and runners
- A flashlight (optional)
- Bug spray and sunscreen
- Extra money for canteen and camp gear (optional). A tab can be left at the office.
- A refillable water bottle

Please Don't Bring: Electronics, money, or anything else you would be worried about losing or breaking, etc.

Phones and car keys will be securely held at the office. Youth will have access to phones during scheduled times. If you need to reach your child during camp, feel free to call the office phone.

* Trossachs Camp Meeting Association will not be responsible for any lost or damaged belongings.

Please Note:

If campers are found with weapons, drugs, alcohol, or other illicit substances, they will be confiscated, guardians will be notified, and campers may be asked to leave the camp.



TROSSACHS GOSPEL CAMP TEEN CAMP 2018



July 16th – 20th

Junior Teen: Entering Gr. 6 to Gr. 8
Senior Teen: Entering Gr. 9 to Gr. 12

www.trossachscamp.ca
tgccamp@gmail.com

TROSSACHS GOSPEL CAMP TEEN Camp Registration

Camper's Name: _____ Date of Birth (dd/mm/yy): _____ Gender: M / F Age at Camp Start: _____

Choice of Camp: ___ Jr. Teen (entering Gr. 6-8) \$155 ___ Sr. Teen (entering Gr. 9-12) \$175.00 (Cost increases to \$225 after June 1st) Add up to 2 days paintball (\$25 each day) ___ days = \$_____

Address: _____ City: _____ Prov.: _____ PC: _____ Email: _____

Parent/Guardian Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

___ I give permission for the camp to contact me via email with updates about this camp and other TGC programming.

___ I give permission for pictures and/or video clip of the camper to be used in the promotion of the camp.

___ I give permission for designated TGC camp staff drivers to transport my child to and from the paintball activity (please note: this activity requires it's own waiver form)

___ I understand that if my child has brought or is using illicit substances, pornography, or weapons, that those items will be confiscated and that, or any other dangerous or overly disruptive behavior could result in my child being asked to leave the camp.

"Cabin Mate" Preference: _____ Family members who will be at the camp: _____

Sask. Health Insurance Number: _____ Other Medical Insurance: _____ Family doctor: _____ Phone: _____

Please use this space (*and attach paper if necessary*) to discuss any allergies, medications, or special diets your child is on. Please note that at this time we are unable to offer a fully gluten free menu: we are open to discussing how to partner with you to accommodate your child. It is also very important all medical conditions are disclosed and that proper doses of medication (including epipens, inhalers, and prescriptions such as concerta) are maintained and sent to the camp. Following these guidelines and supplying us with as much information as possible helps us to properly staff and plan for the most successful experience for all involved.

Please explain/describe any health condition/challenge which may limit or challenge participation or relationships?

The following is a list of over-the-counter medication which may be on stock at the camp to treat minor health issues. Medication is not given to campers without a careful examination by the camp health manager. Please put your initial beside each you give permission for the camp to administer to your child should the need arise. Please note that medications may not all be in stock: if your child is on a medication it is your responsibility to have it sent with them to the camp.

___ Ibuprofen ___ Acetaminophen ___ Gravol ___ Benadryl ___ Polysporin ___ Gravol ___ Calamine Lotion ___ Dimetapp ___ Tums ___ Tylenol Cough & Cold ___ Halls ___ VapoRub

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of TCMA and all other releases but also to release and indemnify the releases from any and all liability to his/her involvement in TCMA's programs for myself, my heirs, assigns and next of kin. Signatures on this application by the parent or guardian and acceptance of this application by the camp administration shall give the camp director or health manager the right to obtain or approve any medical attention necessary to the camper's welfare or good health and the parent/guardian agrees to pay for all mediations and services not covered by the camper's medical insurance.

Parent/Guardian (print name): _____ Signature: _____ Date: _____

Please mail registrations to: 686 Pasqua St., Regina, S4T 4K4