

Escape: Kahquah's 20s & 30s Retreat



Registration Form:

- ☀ Complete all of the sections below.
- ☀ Send your completed registration form and deposit to the office at Camp Kahquah
- ☀ Balance of Payment is due upon arrival at camp.
- ☀ Remember to sign the attached waiver

Name(s):

Address:
.....

Contact Info

Phone:

Email:

Health Card Number(s):
(in case of medical emergency)

Food or Other Allergies:

Roommate Preference:

Emergency Contact:

Name:

Phone:

Disclaimer of Liability and Conduct:

Care is taken for the safety and good health of campers, but in the event of an accident or sickness, Camp Kahquah, including the Board of Directors and staff, and the owners and the employees of facilities outside of the campgrounds are hereby released from any liability. Each camper must be covered by Provincial Health Insurance or equivalent medical insurance.

Camp Kahquah does not condone the use of illegal drugs or alcohol during Camp programming. I will not bring these items to Camp or partake in the use of them at Camp.

Camper Signature: _____