



LIT 2

2012 Application Check-Off Form

**Check off the following items as they are completed.
Keep for your records (do not return to Medeba).**

- Read over the LIT Information Package carefully.

 - Be sure you are in agreement with the section called "Expectations of All LIT Participants."

 - Complete the application form.

 - Send in 1. Completed application form.
2. The deposit
- Date Sent _____

Mail to: Medeba Summer Camp

Box 138, West Guilford, Ontario K0M 2S0
Fax: (705) 754-1530 Toll Free: 1-800-461-6523

Applicants will receive additional information about the details of the program and a medical form which must be completed prior to the summer.

Note:

- **LIT 1 grads are not required to fill out reference forms or answer the essay questions to apply for LIT 2.**

- **All applicants as of January 31, 2012 will be accepted.
After this time, we will take acceptances on a first come, first serve basis.**

If you have any questions please contact the registrar by email (info@medeba.com) or by phone (1-800-461-6523).



Leader In Training 2 2012 Application Form

Applicant's Name _____ Male Female

Year-round Address _____ Apt. _____

City _____ Postal Code _____

Phone # (_____) _____ Applicant's Email Address _____

Church _____

Birth Date _____ / _____ / _____ Age as of Dec. 31, 2012 _____
Month Day Year

Father/Male Guardian's Name _____

Phone: Home (_____) _____ Business (_____) _____

Email Address: _____

Mother/Female Guardian's Name _____

Phone: Home (_____) _____ Business (_____) _____

Email Address: _____

Parent or Guardian Consent

1. My child is in good physical and emotional health and amenable to normal camp authority.
2. I, as a parent or guardian, have legal custody of the child applying to Medeba.
3. I am responsible for payment of fees and any other expenses incurred by my child.
4. Permission is granted for my child to participate in all Medeba activities.
5. Permission is granted to provide my child normal medical attention.
6. Permission is given for Medeba to use any photograph of my child for their promotional material.
7. I, as the parent or guardian, of the herein named camper, release Medeba, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage of the herein named camper or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the herein named camper. Each camper must be covered by their provincial health plan or equivalent medical insurance.
8. By providing your personal information and signing this form, you understand and agree with Medeba's Privacy Policy as outlined at www.medeba.com/privacypolicy/html

I have read and understand the above Parent or Guardian Consent, the conditions of enrollment, and cancellation policies of Medeba.

Signature of Parent or Guardian _____ **Date** _____

The Signature of the parent or Guardian
is required if the applicant is under 18

Affirmation: I affirm that all of the information in this application is true and agree to live by the standards expressed in the LIT application package.

Applicant's Signature _____ **Date** _____

Please Turn Over →

