

# CHILDREN'S AND YOUTH CAMPS REGISTRATIONS FORM

Name of Camp \_\_\_\_\_ Date of Camp \_\_\_\_\_  
 For Junior High 2 indicate specialty option \_\_\_\_\_  
 Camper's Name (Last/First) \_\_\_\_\_  
 Grade as of June 2008 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_  
 Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
 Church Affiliation \_\_\_\_\_ None \_\_\_\_\_  
 Name ONLY ONE friend you would like to room with and have that friend name you  
 on his/her form \_\_\_\_\_  
 I would like trail ride option offered for regular camp yes \_\_\_\_\_ no \_\_\_\_\_  
 Parents/Guardian with whom child is living \_\_\_\_\_  
 In case of serious medical emergency, please give the name and phone number of the  
 person you would like notified if you are not available.  
 Name \_\_\_\_\_ Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_

## FAMILY CAMP REGISTRATION

FAMILY CAMP 1 \_\_\_\_\_ FAMILY CAMP 2 \_\_\_\_\_ SERVANT CAMP \_\_\_\_\_  
 (Payment must accompany registration to ensure a spot)

NAME: \_\_\_\_\_  
 Names and Age of Children  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*Please indicate first & second choice for accommodation package. The cost includes GST.*

Accommodation	Per Adult	Per Family
Bluebird Cottages*	Families Only	\$360.00 _____
Heritage Suites*	Families Only	\$360.00 _____
Motel Units	\$150.00 _____	\$360.00 _____
Dorm Rooms	\$125.00 _____	\$290.00 _____
Bunk Cabins	Families Only	\$290.00 _____
R.V. Sites	\$100.00 _____	\$245.00 _____
R.V. Sites no meals	\$ 65.00 _____	\$135.00 _____



## MEDICAL

FOR CHILDREN & YOUTH CAMPS ONLY

Please Note: Medical form MUST be filled out IN FULL for application to be processed.

CAMPER'S NAME \_\_\_\_\_

HEALTH CARE NUMBER \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHYSICIAN'S PH.# \_\_\_\_\_

Campers are expected to have had a tetanus shot within the last 10 years. If you haven't, please arrange for one.

DATE OF LAST INOCULATION \_\_\_\_\_

- Does the camper have any special needs we should be aware of?
 

Physical	yes <b>M</b>	no <b>M</b>	Asthma	yes <b>M</b>	no <b>M</b>
Behavioural	yes <b>M</b>	no <b>M</b>	Emotional	yes <b>M</b>	no <b>M</b>
Learning Disabilities	yes <b>M</b>	no <b>M</b>	Social	yes <b>M</b>	no <b>M</b>
Allergies: Penicillin	yes <b>M</b>	no <b>M</b>	If yes, please send explanatory note with application form.		
Medication	yes <b>M</b>	no <b>M</b>			
Other	yes <b>M</b>	no <b>M</b>			
- My child is fully able to participate in an active program without limitations: yes **M** no **M**
- Any special diets? Please explain: \_\_\_\_\_

NOTE: All medications sent with a child must be in the original container with a pharmacy label and be clearly marked with the child's name, name of medication and amount to be given.

### CAMP WAIVER

I, the parent or guardian of the above named participant, give my voluntary consent to his/her participation in Camp Nakamun activities and agree to all conditions of enrollment in this camp. Furthermore I authorize Camp Nakamun staff to approve and obtain any and all medical attention and medical staff in the case of a medical emergency; with the understanding that all reasonable attempts have been made to consult with myself beforehand except in the case of minor illness and/or first aid where deemed appropriate; with the understanding that I will take responsibility for any additional expenses that may result from such services.

Furthermore, I release Camp Nakamun, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named. I understand that Camp Nakamun, its staff or agents reserve the right to dismiss a participant who is in their opinion a hazard to the safety and well-being of others, who appears to have rejected the reasonable guidelines of the activity.

I, the parent or guardian declare that the applicant camper is normal in condition and habits and is amenable to necessary discipline.

I, the parent or guardian agree to permit the use of photos and/or videos of the applicant camper in promoting the camp or camp activities and programs.

Failure to disclose problems at time of application could result in dismissal.

I have read all the information in this brochure including this waiver and accept the conditions of enrollment with the full knowledge that this form with my signature may be used as a legal document in any court of law.

Signature of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_