

CAMPER REGISTRATION AND MEDICAL FORM

CAMPER GENERAL INFORMATION:

First Name: _____ Last Name: _____

Address: _____ Postal Code: _____

Sex: M F Age: _____ Birthdate: _____ (DD,MM,YYYY)

Parent Name: _____

Home Phone # _____ Work/Cell Phone # _____

Emergency Contact: _____ Relationship: _____

Home Phone # _____ Work/Cell Phone # _____

Camper to Bunk With: _____

FINANCIAL INFORMATION:

A \$50.00 deposit is required with each registration. Payments may be received by cash or cheque.

Suggested Tuck allowance is \$10.00 per camper per week.

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> Junior Camp | \$195.00 | <input type="checkbox"/> Teen Camp | \$195.00 |
| <input type="checkbox"/> Intermediate Camp | \$195.00 | <input type="checkbox"/> Native Camp | \$175.00 |
| <input type="checkbox"/> Girl's Adventure Camp | \$195.00 | <input type="checkbox"/> Boys' Adventure Camp | \$195.00 |
| <input type="checkbox"/> Leadership Development Camp I | \$195.00 | <input type="checkbox"/> Discipleship Camp | \$100.00 |
| <input type="checkbox"/> Leadership Development Camp II | \$195.00 | | |

I hereby give the camp director the right to arrange for any special service, medical or otherwise, that shall be required in the best interest of the camper and accept responsibility for the payment of any such services required. I understand that camp activities may off the camp property under both staff and director supervision. I also understand that the camp director may send a camper home, at the parent's expense, if the child's behaviour is deemed not to be in the best interest of the camp program and the other campers. While every precaution shall be taken to ensure the welfare and protection of each camper, New Life Camp, its directors, staff members or employees of the facilities outside the campground are hereby released from any liability in the event of an accident or misfortune that may occur to the camper. Promotional pictures will be taken during camping sessions. If you do not want photos of your child used, please inform the camp in writing prior to the start of summer camp.

Signed: _____ Date: _____

Date Received: _____ Deposit: _____ Balance: _____

Camper Released to: _____

CAMPER MEDICAL INFORMATION:

First Name: _____ Last Name: _____

Sex: M F Age: _____ Birthdate: _____ (DD,MM,YYYY)

Camper Health Card No. _____ Version Code _____

Other Medical Insurance No. _____

Doctor's name: _____ Phone # _____

Is camper on any medications? Yes No (if yes, please list medications below)

| Medication | Times and amount to be administered | Reason for medication |
|------------|-------------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

Please check off any recurring conditions: Asthma Hay Fever Ear Problems Bed-Wetting

Other: _____

Check if the camper has had any of the following: Measles (German) Measles (Red) Chicken Pox Mumps Whooping Cough Hepatitis Appendicitis Other: _____

Date of last tetanus shot: _____

| Allergies: | | |
|------------|----|----|
| Drugs: | 1. | 2. |
| | 3. | 4. |
| Foods: | 1. | 2. |
| | 3. | 4. |
| Other: | 1. | 2. |

Please indicate any physical, emotional, or behavioural concerns that we should be aware of:

To the best of my knowledge, the above information is complete and my child is in good health. I will notify the camp if any of the above information should change. I also understand that every effort will be made to contact parents or guardians in case of emergency. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp's managing director to secure proper treatment as needed for my child named above. In addition, I hereby give New Life Camp permission to contact my child's physician should more information be required.

Parent/Guardian Signature _____ Date _____