



Community of Christ

Jr. High Camp 2019 Registration Form Canada East Mission

Camper and Parent/Guardian Information

| | |
|-------|---------|
| Name: | Gender: |
|-------|---------|

| | |
|----------------|-----------------|
| Date of Birth: | Entering Grade: |
|----------------|-----------------|

| | |
|----------|---------------|
| Address: | T-Shirt Size: |
|----------|---------------|

| | | |
|-------|-----------|--------------|
| City: | Province: | Postal Code: |
|-------|-----------|--------------|

| | |
|-------------|-------------|
| Home Phone: | Cell Phone: |
|-------------|-------------|

| |
|--------|
| Email: |
|--------|

| | |
|----------------------------------|-------------|
| Custodial Parent/Legal Guardian: | Cell Phone: |
|----------------------------------|-------------|

| | |
|--------------------------------|-------------|
| Additional Parent/Next of Kin: | Cell Phone: |
|--------------------------------|-------------|

| | | | |
|-------------------------|-------------------------------------|---------------------------------|---|
| Payment Method (\$400): | <input type="checkbox"/> e-transfer | <input type="checkbox"/> cheque | <input type="checkbox"/> cash at registration |
|-------------------------|-------------------------------------|---------------------------------|---|

Emergency Notification (these persons will be contracted if parents/guardians are unavailable)

I hereby give permission for the following people, as well as parents/guardians listed above, to pick up camper from camp.

| | |
|-----------------|---------------|
| Contact 1-Name: | Relationship: |
|-----------------|---------------|

| | |
|-------------|-------------|
| Home Phone: | Cell Phone: |
|-------------|-------------|

| |
|--------|
| Email: |
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| | |
|-----------------|---------------|
| Contact 2-Name: | Relationship: |
|-----------------|---------------|

| | |
|-------------|-------------|
| Home Phone: | Cell Phone: |
|-------------|-------------|

| |
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| Email: |
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Privacy Policy

We respect your privacy. We protect your personal information and adhere to all legislation requirements with respect to protecting privacy. We do not rent, sell or trade mailing lists. The information you provide will be used to deliver the services related to the camp.

___ I have read the Privacy Policy of Community of Christ and, by my signature below, confirm I understand the information I provide will not be shared with any outside party as outlined above.

Release and Waiver of Liability

I understand attendance at camp involves certain risks and dangers, not all of which can be listed here. Amongst the more obvious and frequent are: hazards in connections with movement about the camp and over uneven terrain; hazards in connection with camp sporting activities; hazards in connection with travel to and from the camp; hazards in connection with the use of the facilities.

I am not relying on any oral or written statements made by Community of Christ or by anyone representing it, whether such representations are contained in brochures or media form or in individual conversation, to lead me to become involved in the cap program for which I have applied on any basis other than my assumption of the risks and dangers involved.

___ I have read the Release and Waiver of Liability. By my signature below, I confirm my understanding of the information and personally accept all risks and dangers and the possibility of death, personal injury, property damage and loss resulting from _____'s (Name of Camper) attendance at camp. The risk is accepted for any cause whatsoever on the part of Community of Christ or its employees, agents or representatives.

Photo Release

___ In consideration of the right to participate in this activity, by my signature below I hereby give consent to and authorize the taking of photographs or videos in which _____ (Name of Camper) may appear. I hereby waive all rights of privacy in and to any said pictures or videos or web page.

Signature of Parent/Guardian

Signature of Parent/Guardian:

Date:

Medical Information

Name:

Health Card #:

Family Physician:

Phone:

Does the camper have any special dietary restrictions? Please check all that apply.

vegetarian

vegan

lactose intolerant

gluten intolerant

celiac

halal

Does the camper have any allergies (e.g., food, medicine, environmental, etc.)? If none state so.

Does the camper have any activity restrictions (e.g., strenuous activities, etc.)? If none state so.

Does the camper have any non-prescription medications (e.g., Advil, Benadryl, etc.) if none state so:

Does the camper have any prescription medications (e.g., insulin, etc.)? If none state so.

Are there any medications which should **not** be given to the camper (i.e., Tylenol, Gravol, etc.)? If none state so.

Does the camper have any history of or are they being treated for the following?

anemia

appendicitis

arthritis

asthma

athlete's foot

bronchitis

diabetes

epilepsy

fainting

fractures

headaches

heart condition

hepatitis

seizures

hypoglycemia

kidney issues

HIV

hernia

tonsillitis

sore throats

eczema

skin condition

high/low blood pressure

digestive issues

other

Explain:

Are there any specific situations that apply to the camper? Check all that apply.

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> cramps | <input type="checkbox"/> bed wetting | <input type="checkbox"/> stomach aches | <input type="checkbox"/> hearing problems |
| <input type="checkbox"/> homesickness | <input type="checkbox"/> diarrhea | <input type="checkbox"/> constipation | <input type="checkbox"/> vision problems |
| <input type="checkbox"/> toothaches | <input type="checkbox"/> ear aches | <input type="checkbox"/> headaches | <input type="checkbox"/> sleep walking |
| <input type="checkbox"/> nose bleeds | <input type="checkbox"/> swimmer's ear | <input type="checkbox"/> night terrors | <input type="checkbox"/> anxiety |

Recent emotional upset (e.g., death of a loved one, divorce, etc.).

Please explain below.

Does the camper have any mental health concerns? If none, please state so:

Verification of Immunization

I verify that _____'s (Camper's Full Name) immunization is up to date.

I verify that _____'s (Camper's Full Name) has not been immunized.

Permission for Medical Treatment

The undersigned, hereby authorizes any necessary medical treatment for the above named camper. I also guarantee that the above medical information is complete and accurate.

Signature of Parent/Guardian

Date