

## CAMPER REGISTRATION AND MEDICAL FORM

## CAMPER GENERAL INFORMATION:

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:

 **Junior Camp** (Ages 7-11) July 3-July 8 \$250.00 **Senior Camp** (Ages 12-16) July 10-July 15 \$250.00

I hereby give the camp director the right to arrange for any special service, medical or otherwise, that may be required in the best interest of the camper during their time at camp and accept responsibility for the payment of any such services. I also understand that the camp director may send a camper home, at the parent's expense, if the child's behaviour is not deemed to be in the best interest of the camp program and the other campers. While every precaution will be taken to ensure the welfare and protection of each camper, New Life Camp, its directors, staff members, and employees of the facilities outside the campground are hereby released from any liability in the event of any accident or misfortune. I understand that promotional pictures may be taken during the week and will inform New Life Camp in writing prior to the camping session if I do not want photos of my child to appear in promotional materials.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Registration Received: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_ [ Cash  Cheque # \_\_\_\_\_]Balance Received: \_\_\_\_\_ [ Cash  Cheque # \_\_\_\_\_]

Camper Released to: \_\_\_\_\_

**CAMPER MEDICAL INFORMATION:**

Name: \_\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (DD-MM-YYYY)

Camper Health Card No. \_\_\_\_\_ Version Code \_\_\_\_\_

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 note any recurring conditions:**
 Asthma                       Hay Fever                       Ear Problems                       Bed-Wetting

Date of last tetanus shot: \_\_\_\_\_

Does the camper have any allergies?  Yes  No (if YES, please indicate below)

Allergen	Symptoms/Severity	Action Required

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


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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 the camper. Should more information be required in the best interests of the camper, I hereby give New Life Camp permission to contact the child's physician.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_