

CAMPER REGISTRATION AND MEDICAL FORM 2024

CAMPER GENERAL INFORMATION:

Name: _____

Address: _____ Postal Code: _____

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

Parent Name: _____ E-mail: _____

Home Phone # _____ Work/Cell Phone # _____

Emergency Contact: _____ Relationship: _____

Home Phone # _____ Work/Cell Phone # _____

Camper to Bunk With: _____

FINANCIAL INFORMATION:

A \$50.00 deposit (refundable until May 1st; cash, cheque, or e-transfer) is required with each registration. Balance of fee to be paid at beginning of each week of camp.

 Girls Jr. Camp (Ages 7-11) June 30-July 5 \$300.00 **Girls Sr. Camp** (Ages 12-16) July 7-July 12 \$300.00 **Boys Jr. Camp** (Ages 7-11) July 14-July 19 \$300.00 **Boys Sr. Camp** (Ages 12-16) July 21-July 26 \$300.00

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 # _____ e-transfer]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:

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 _____