

CAMP PAGWEAK REGISTRATION FORM 2011

Camp #	Date	Name of Camp	Age	Price
1	July 3-8	Venture Variety camp	10-12 yrs	\$200
2	July 10-15	Teen BLAST Camp 1	13-15 yrs	\$200
3	July 17-22	SPORTS Spectacular Camp	10-12 yrs	\$200
4	July 25-29	Small FRIES Day Camp	6-9 yrs	\$100
5	August 1-5	Born to be WILD (Wilderness)	10-12 yrs	\$200
6	August 7-12	Teen BLAST Camp 11	16-18 yrs	\$200
7	August 14-16	Super MINI Camp 1	7-9 yrs	\$150
8	August 17-19	Super MINI Camp 11	7-9 yrs	\$150
9	August 21-26	Key NOTES (Music Camp)	10-16 yrs	\$200

CAMP REGISTERING FOR:

Camp Name: _____

Date: _____

T-shirts will be available at registration

CAMPER INFORMATION:

Last name: _____ First: _____ Middle: _____ M _____ F _____ Age: _____

Grade in fall 2010: _____

Parent(s) or Guardian(s) name: _____

Mailing address: _____

Postal code: _____

Phone # (Home) _____ (work) _____ (cell) _____ Email: _____

Home church (if you attend) _____ **One Cabin friend (Must be a mutual request)** _____

MEDICAL HISTORY:

HEALTH CARD # _____ Expiry date: _____ Date of Birth: _____ (Yr/Mth/Day)

PLEASE CIRCLE IF YOU'RE CHILD HAS A HISTORY OF ANY OF THE FOLLOWING:

- | | | | | | |
|-----------------------|-----------------|--|---------------------|----------------------|--------------------|
| <i>Diabetes</i> | <i>Asthma</i> | <i>Allergies (drugs & foods – please list)</i> | <i>Sleepwalking</i> | <i>Temper</i> | <i>Bed Wetting</i> |
| <i>Kidney Disease</i> | <i>Epilepsy</i> | <i>Ear Aches</i> | <i>Homesickness</i> | <i>Heart Disease</i> | <i>Nosebleeds</i> |

If any of the above are circled, please include any specific instructions for the care of your child at camp.

CAMP PAGWEAK

Date of last tetanus booster _____ (year)

Is there any additional information regarding restrictions, i.e. diet, physical activities, etc?

Please attach list of prescribed medications/treatments (Note: All medication must come in original packaging from pharmacy.) Campers are not to leave the campgrounds except as part of camp activities supervised by camp staff. To ensure health and safety of your child we have a qualified medical person and lifeguard for every camp. When arriving at camp ALL medication must be surrendered to the medical person who will administer all medicine.

Consent is required for over the counter medications to be used at camp for the following symptoms: Colds, coughs, congestion; Pain, headaches, fever; Stomach upsets, nausea, vomiting; Diarrhea; Rashes, allergies; Cuts, scrapes, burns.

The dosages of medications given to campers will be as directed by the package unless otherwise indicated by parent/guardian. If you have preferences or objections to particular medications please indicate on a separate piece of paper and attach to this form.

Note: Please remember, when bringing any prescription medications to camp they MUST be in original labeled container.

FAMILY DOCTOR: _____

Emergency contact (this person will be contacted if we cannot reach the Parent/Guardian)

NAME: _____ **Relationship to Camper:** _____

Phone # _____ **Cell #** _____ **Work #** _____

WAIVER:

1- The Camp Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety and rights of others or who appears to amendable to necessary discipline. Failure to disclose problems at time of application could result in dismissal.

2- The parents/guardians on this form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any court order referring to visitation rights.

3- I, the parent or guardian of the named applicant on this form, release Camp Pagweak, its board, staff and all agents from any loss, personal injury, accident, misfortune, or damage to the applicant on this form or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named applicant on this form. Each camper must be covered by MSI or equivalent medical insurance.

4- The signature of the parent/guardian on this application shall give the Camp Director the right to arrange for any special services or other requirements necessary for the campers welfare and good health including ordering injection, anesthesia or surgery. In such a situation the camp will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.

5- We agree to permit reasonable use of photos and videos or other pictures of the applicant camper in promoting the camp or camp activities and programs. _____ **Y** _____ **N**

6- This is NOT a peanut-free facility. We apologize for any inconvenience caused by this.

7- Once my children are at camp I will not pick them up at any time throughout the week to attend sports or other events.

8- Children are not permitted with cell phones during camp, If caught with a cell phone the child will be asked to leave.

9- No refunds after the first day

10- I have read this form and accept the waivers, conditions and policies of Camp Pagweak

Please include a non-refundable deposit of \$50 with your registration/medical form with a self addressed stamped envelope.
SEND REGISTRATIONS TO:

Ruth Rushton
39 Morris St. P.O. Box 2181
Springhill, NS B0M 1X0

902-597-8583

PARENT/GUARDIAN SIGNATURE(S):

