

CAMP PAGWEAK REGISTRATION FORM 2018

REGISTER with FULL PAYMENT by May 15 and receive a \$25 discount. (all fees must be paid in full by discount date)

Please include a non-refundable Deposit of \$50 with your registration/medical form with a self-addressed stamped envelope.

If a self-addressed envelope or email address is not provided, "no" confirmation will be sent.

Cheques are made payable to Camp Pagweak
Sibling Discount \$10.00 off for each additional sibling registered.

Camp Fees include a T-shirt & Tuck (pop, chips, etc)

CAMP REGISTERING FOR:

Camp Name: _____
Camp # _____ Date: _____

CAMPER INFORMATION:

Last name: _____ First: _____ Middle: _____ M ___ F ___ Age: _____ Grade in fall 2018: _____

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

Mailing address: _____ Postal code: _____

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

Is this your first time at Camp Pagweak? () Yes () No How did you hear about Camp Pagweak? _____

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

MEDICAL HISTORY:

HEALTH CARD # _____ **Expiry date:** _____ **DOB:** (month) _____ (date) _____ (year) _____

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

- Diabetes** **Asthma** **Allergies (drugs & foods – please list)** **Sleepwalking** **Temper** **Bed Wetting**
- Kidney Disease** **Epilepsy** **Ear Aches** **Homesickness** **Heart Disease** **Head Concussions/Injuries**
- Nosebleeds** **Shortness of Breath/chest pains** **Depression/Self Harm**

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

Date of last tetanus booster _____ (year) **Do you have an EpiPen or emergency puffer?** _____

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

2018 Camp Calendar				
CAMP	DATE	NAME OF CAMP	AGE	PRICE
1	July 1-6	Adventure Land	7-9	\$280
2	July 8-13	WILD	13-16	\$280
3	July 15-20	Amazing, Athletic , Awesome	10-14	\$280
4	July 23-27	Discovery Day Camp	5 -12	\$175
5	July 29-Aug 3	Challenge	10-12	\$280
6	Aug 4-6	Leadership Weekend	16-22	free
7	Aug 7-10	EXPLORER Camp	7-9	\$190
8	Aug 12-17	Extreme Eco Adventure	10-14	\$280
9	Aug 19-24	The Scene	9-13	\$280

Please attach list of prescribed medications/treatments (Note: All medication must come in original packaging from pharmacy - labeled.)

Campers are not to leave the campgrounds except as part of camp activities. 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. Parents/Guardians are to consent to the camp providing emergency medical procedures in the event such are needed.**

Consent is required for camp staff to assist the camper in taking both their prescribed medication and **over the counter medications** if necessary, 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.

FAMILY DOCTOR: _____

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

NAME: _____ **Relationship to Camper:** _____ **Phone #** _____ **Work #** _____

WAIVER:

1- The Camp Missionary/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 be non-responsive to necessary discipline. Failure to disclose potential 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 Missionary/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- Parent/Guardian consents to the use of photos and videos or other pictures of the applicant camper in promoting the camp or camp activities and programs unless indicated otherwise.

6- Camp Pagweak is not responsible for the loss or damage to any of your children's personal belongings.

7- **This is NOT a peanut-free facility.**

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

9- Cell phones or other mobile devices are **not permitted** on camp property by campers.

10- Campers will have to go through a head lice check upon arrival

11 - Refund policy is found on our web page - www.pagweak.org

12 - Our Camp and staff will use the personal information that you have provided in this registration form only for the purposes for which it was collected and will not disclose this information to other parties for other purposes, except to the Camping Assoc. of NS and PEI for the purposes of Accrediting our Camp so as to operate as a recognized Accredited camp by the Association and as may be required by Canadian or NS law and also to our Camp Pagweak churches to enable them to provide additional ministry to the child. All info provided on this form will be maintained in a secure manner to ensure that its use is limited to the purposes for which it was collected.

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

14- Do you have access to all camp info online? () Yes () No

PARENT/GUARDIAN SIGNATURE(S): _____

Don't forget your self-addressed stamped envelope 'or' an email address in order to receive a confirmation.

SEND REGISTRATIONS TO:

Ruth Rushton

PO Box 266

Berwick, NS

BoP 1Eo

camppagweakoffice@gmail.com

phone 902-243-2261 after

June 1