**CAMP TEMISKAMING REGISTRATION FORM 2019**

**The parent(s)/guardian(s) submitting this application must have legal custody of named camper. Conditions of custody must be communicated in writing, with photocopied court orders regarding visitation rights where applicable, to the attention of the Camp Director.**

**Camper’s surname** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Camper’s First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (as of July 1st) Yrs. \_\_\_\_\_\_\_\_Mos.\_\_\_\_\_\_\_ Birthday (M)\_\_\_\_\_\_\_/(D)\_\_\_\_\_\_\_/(YR)\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade (currently) \_\_\_\_\_\_\_

Camper’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province \_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_

Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom does camper reside? (Both parents, Mother, Father, Guardian, Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different than camper’s above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Business Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different than camper’s above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Business Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size: *circle*  S M L XL Youth or Adult**

New Camper: Yes \_\_\_\_\_No \_\_\_\_\_ Sibling’s name (if at camp) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your child’s temperament. i.e. shy, quiet, social, energetic, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION**

Health Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Version Code: \_\_\_\_\_\_      Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parent/guardian is unavailable in an emergency, contact:

1.  NAME HOME # WORK# CELL #

Relationship to Camper:

Are vaccinations up to date? Yes ▢ No ▢ Date of last tetanus shot: \_\_\_\_\_\_\_\_

Are corrective lenses required? Yes ▢ No ▢ Contact lenses worn? Yes ▢ No ▢

If camper is a girl, has she menstruated? Yes ▢ No ▢ If no, is she informed about menstruation? Yes ▢ No ▢

Does the camper have any special dietary needs/requirements? E.g. food allergies, gluten sensitive, vegetarian etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the camper have allergies? Yes ▢ No ▢ Please list type of reaction and treatment required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the camper subject to any of the following (currently or in the past):

▢ Ear trouble ▢ Headaches ▢ Respiratory ailments ▢ Nightmares ▢ Convulsions  ▢ Nightmares ▢ Bed wetting ▢ Sleepwalking ▢ ADD/ADHD ▢ Joint pain ▢ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details of usual treatment/medications should any of the above conditions occur:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medication(s) which the applicant is bringing with him/her. This must be clearly labeled and given to the Staff on arrival. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special instructions for staff regarding your child’s care and needs at the camp?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMPER MEDICAL CONSENT FORM**

**Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZATION:** I hereby authorize the Director to secure such medical advice and services as may be deemed necessary for the health and safety of my child/ward. I agree to accept financial responsibility in excess of the benefits allowed by provincial health plan.

Signature of parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency

Medical Authorization Purpose: To enable parents & guardians to authorize the provision of emergency treatment for children who become ill or injured while under camp authority when parents or guardians cannot be reached. **PART I OR PART II MUST BE COMPLETED.**

**PART I: TO GRANT CONSENT:** In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by the preferred physician Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone) or the preferred dentist Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone) or in the event the designated practitioner is not available, by another physician or dentist.  
2. The transfer of the child to the preferred hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or any hospital reasonably accessible.  
This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentists, concurring with the necessity for such surgery, are obtained prior to the performance of surgery.

**Signature of parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART I: REFUSAL TO CONSENT** (do not complete Part II if you completed Part I)

I do not give my consent for emergency medical treatment of my child. In the event of any illness or injury requiring treatment, I wish the camp authorities to take no action or to do the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONDITIONS OF ATTENDANCE –MEDICAL AND PHOTO RELEASE**

1. While due care is taken for the health and safety of the campers, in the event of sickness or accident, Camp Temiskaming, including the Camp Committee and all Staff are hereby released from any liability. 2. I give Camp Temiskaming permission to use any image or likeness of the camper in promotional material. 3. The Camp Director reserves the right to dismiss any camper who is a hazard to the safety and rights of others, or who has, at the discretion of the Director, rejected the reasonable expectations of Camp Temiskaming. Camp Fees will not be refunded. 4. I give Camp Temiskaming permission to take the camper on supervised activities that may, from time to time, occur off the immediate Camp property.

**I have read, understood and accepted the conditions of attendance at Camp Temiskaming as stated above.**

**Signature of parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGISTRATION**

Please check the week of camp applying for:

**▢** **Senior Girls Camp (ages 12 – 15) July 7 – 13 ▢** **Boys (age 8– 12) July 14 – 20 ▢ Junior** **Girls (age 8 – 11) July 21 - 27**

**NOTE: In the event that there are not enough registrations to hold both girls camps, one camp for girls ages 8-15 will be held during the week of July 7 - 13th and registrants will be notified of this change no later than Wednesday, June 12.**

**Make cheques payable to Camp Temiskaming** and mail to:

c/o **Carrie Birtch** 123 - #9 Greenwood Ave. North Bay, ON P1B 5E8 or by email to [carrieg2626@hotmail.com](mailto:carrieg2626@hotmail.com)

Total Camp Fees Enclosed: ▢ Minimum deposit of $100.00 (non-refundable) full payment must be received by June 1st, 2019 to guarantee spot

▢ $350.00 for Early Bird Registration if received before May 15th, 2019

▢ $395.00 for full fee received before June 1st, 2019

▢ $400.00 for late registrations after June 1st, 2019

If you have not received a notice of confirmation (phone call, email or letter) by June 15, 2019, please contact the registrar at 705-499-0184 or by email. **Please do not attend camp without confirmation.**