

Camper Application & Health Information Form

Appropriate Camp Name

Send or deliver completed application form to Camp Director
 Kevin or Melissa Travis, 5555 - 4th 4th Avenue NE, Calgary, AB T2A 3X9
 melissatravis79@hotmail.ca

CAMPER'S NAME: _____

PARENT GUARDIAN _____ EMAIL: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE (home): _____ (work): _____

Birth Date: _____ Age: _____ Grade entering in Sept: _____

Attends Sunday School at: _____

COST FOR CAMP IS \$XX.XX

REFUND POLICY:

Refunds will be given only upon receipt of written cancellation received by The Rock Lake United Church Camp Society, at the above address, at least four (4) weeks prior to the start of camp. No refunds will be given for any cancellations received less than four weeks prior to the start of camp.

I, the undersigned, acknowledge and consent to the participation of my child in the United Church Junior Camp program being held by The Rock Lake United Church Camp Society (Insert appropriate dates) at Rock Lake Camp. Details concerning this camp, including activities, travel, leadership, location and safety features have been communicated to me and are understood.

Further, this is my permission for the Official-in-Charge or his/her designate to make arrangements for necessary surgical or medical attention in the event of serious illness or injury. If such attention is required, every effort will be made to notify the parent/guardian or responsible party.

I further understand that photographs and/or videos may be made of the camp and campers to be used for publicity purposes.

 (Date)

 (Signature of Parent or Guardian)

NOTE: Please complete reverse side for Medical Information.

Medical Information:

Family Name (please print)	First Name (please print)
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Alternate Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____ B.C. Health Care Card No: _____

Is the child presently under the care of a physician or receiving medical attention? Yes No

If yes, please describe _____

Are the Camper's immunizations up-to-date _____

**PLEASE
DO NOT
SEND
SICK
KIDS
TO
CAMP**

Please list all known allergies (food, medication, bee stings, etc.) _____

Please list any food restrictions: _____

Any restrictions that would limit experience: _____

Does the Camper have or has he/she had?:

Rheumatic Fever Diabetes Asthma Epilepsy

Will you permit the Camp Nurse to administer light remedies, such as Tylenol, cough syrup, etc?:
Yes No

Other Comments: _____

NOTE: Please complete reverse side for Camper Personal Information.