



# Camp Spirit Registration Form Summer 2018

Camp Location	
Camp Date	
Family Last Name	
Parent/Guardian (1)	Name/Relation:
	Cell Phone Number:
	Email (If available):
Parent/Guardian (2)	Name/Relation:
	Cell Phone Number:
	Email (If available):
Home Phone Number	
Address	
City	
Postal Code	
<i>In case we are unable to reach you in the event of an emergency, please provide and alternate emergency contact person.</i>	
Full Name	
Phone Number	

## MEDICAL PERMISSION, PHOTO WAIVER AND PAYMENT

### PERMISSION:

I give permission for \_\_\_\_\_ (name of camper(s)) to participate in CAMP SPIRIT 2018 at the various locations in British Columbia, Canada.

I hereby release, remise, and forever discharge the United Church of Canada and/or the Anglican Church of Canada,, its staff or volunteers, of, and from, all manner of actions, causes of actions, claims, and demands of whatever nature which result from any injury, loss or expense sustained, arising out of or in any way connected with participation in the Camp Spirit program. In the event that my son/daughter is injured, ill or in need of medical attention (and I am unable to be contacted), I authorize the leaders of the retreat to seek medical attention on my behalf.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO CONSENT:

We occasionally use photos of people and groups on bulletin boards, in the church newsletters, on websites, and via other media. In order to include your child's photo, we must have your permission. By signing you agree that the leaders for CAMP SPIRIT have permission to publish a photo of \_\_\_\_\_ (name of camper(s)) for a publication or on the Internet. I understand that my child's name will not be published on the Internet.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT:

Payment is due in full. There are two payment options available to your household:

- *Payment by Cheque* - if you select this option, please mail your registration summary and a cheque (payable to Shaughnessy Heights United Church) for the total amount owing to: Camp Spirit, c/o 1550 West 33rd Avenue, Vancouver, BC, V6M 1A7

I will pay by cheque (\$150 per child plus before and after care costs)

- *Payment by Bursary* – if you require financial assistance, you will receive a call from our registrar to arrange bursaries.

I will require a bursary

*Refund Policy* - Cancellations received one month before the start date of registered Camp Spirit session will receive a full refund. We are unable to provide a refund for those cancellations made within one month of the start date of a Camp Spirit session.

Please fill out one of these sheets for every child you are registering

Child's Full Name						
Gender						
Birthdate (month/day/year)						
Grade attending in Sept 2018						
What is your child's T-shirt size? (Child XS, Child S, Child M, Child L, Adult XS, Adult S, Adult M, Adult L, Adult XL)						
Before Care: 7:45am to 9am Additional \$5 each (Indicate by circling)	Mon	Tues	Weds	Thurs	Fri	
After Care (Indicate by circling) Additional \$5 each (Indicate by circling)	Mon	Tues	Weds	Thurs	Fri	

Medical information must be provided for your child to attend camp. It is essential for the camp to have your child's current health information, in order to be able to ensure the safety and well-being of campers during their time at camp.

Does your child have any allergies? (Indicate by circling)  <i>If yes, please provide details on what they are allergic as well as description of the reaction.</i>	YES                      NO
	_____
	_____
	_____
	_____
	_____
Does your child have an EpiPen?  <i>If yes, please provide details about your child's anaphylaxis, including the date and description of the reaction.</i>	YES                      NO
	_____
	_____
	_____
	_____
	_____

Does your child have dietary restrictions?  <i>If yes, please explain.</i>  (Camp Spirit will do its best to accommodate your child's dietary restrictions.)	YES	NO
	<hr/> <hr/>	
Will your child be taking medications while at camp?  <i>If yes, please provide details</i>	YES	NO
	Medication:	
	Dose:	
	Time of day:	
	Reason for medication and any additional notes on giving your child their medication: _____ <hr/> <hr/>	

May the following over-the-counter medications be given to your child while at camp?			
Acetaminophen (Tylenol) YES    NO	Antihistamines (Benadryl, Diphenhydramine) YES    NO	Calamine Lotion YES    NO	Cortaid YES    NO
<i>Ibuprofen (Advil)</i> YES    NO	Insect Repellent YES    NO	Sunburn Spray (Solarcaine) YES    NO	Sunscreen YES    NO
<i>Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child?</i>	<hr/> <hr/> <hr/> <hr/>		

Health History: Has your child experienced, or is currently experiencing, any of the following conditions?			
ADD/ADHD YES    NO	Asthma/Inhaler YES    NO	Behavioral Issues YES    NO	Bleeding disorder YES    NO
Concussion YES    NO	Dental Braces, Caps, or Bridges YES    NO	Depression YES    NO	Developmental Delays YES    NO
Diabetes YES    NO	Hay Fever YES    NO	Headaches YES    NO	Hearing Problems YES    NO

Menstrual Difficulties YES NO	Mental Health Issues YES NO	Speech Problems YES NO	Uses eye glasses or contacts YES NO
Visual Problems YES NO	Other YES NO		

<p><i>If you answered YES to any of the conditions listed in the health history please give us details on how we can best support your child.</i></p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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<p>Has your child had any operations? YES NO</p>	<p>Has your child ever been hospitalized or had a serious injury? YES NO</p>
<p>Does your child have any restrictions on activity? YES NO</p>	<p>Has your child had any operations? YES NO</p>
<p>Will your child require any special assistance while at camp? YES NO</p>	

<p><i>If you answered YES to any of these questions, please provide us with details on how we can best support your child. Please list any other medical information the camp should have here.</i></p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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\* If you need more space to go into detail please use the back of the registration form to assure the camp has all the information they need to best care for your child.

Family Doctor Name and Phone Number	
Family Dentist Name and Phone Number	
Health Card Number and Province	