

CAMP TEMISKAMING REGISTRATION FORM

Camper's Name: _____ Birthdate: _____ Sex: _____

Address: _____ Postal Code: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Email: _____

Phone #: _____
Home # Work # Cell #

Church (if applicable): _____

HEALTH INFORMATION

Health Card #: _____ Version Code: _____ Expiry Date: _____

Family Doctor: _____ Phone Number _____

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

1. _____
Name Home # Work # Cell #

Relationship to Camper: _____

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Are Vaccinations Up to Date? Yes No Date of last Tetanus shot: _____

NOTE: We reserve the right to require all campers and staff to be fully vaccinated for COVID-19 if required by our insurer and the Temiskaming Health Unit. COVID-19 vaccinated (x2): Yes No

Are corrective lenses required? Yes No Contact Lenses Worn? Yes No

The program may include swimming, hiking, boating, etc. Does the applicant suffer from any physical or emotional disorder that would prevent him/her from participating fully in this program? Yes No
If so, please state full particulars (Use another sheet if required)

Does the camper have any special dietary needs/requirements? E.g. allergies, 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):

- | | | | | |
|--|--|---|---|--------------------------------------|
| <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> Respiratory ailments | <input type="checkbox"/> Phobias | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Self-harm | <input type="checkbox"/> Depression | <input type="checkbox"/> Past trauma issues | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Obsessive-compulsive behaviours | | | |
| <input type="checkbox"/> Other: (please specify) _____ | | | | |

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

Are there any family issues we should be aware of? Yes No If yes, please describe

Briefly describe the camper's temperament. i.e. outgoing, shy, aggressive, etc.

What are the camper's favourite hobbies, activities?

Please give details of chronic conditions or recent illness of which we should be aware:

Please list any medication(s) which the camper 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 this camper's care and needs at the camp?

CONDITIONS OF ATTENDANCE – MEDICAL AND PHOTO RELEASE

1. The parent(s)/guardian(s) submitting this application 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.
2. 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.
3. In the event that a camper requires medical treatment beyond the first aid measures available at Camp Temiskaming, the parent(s)/guardian(s) will be notified and charged with any additional expense arising from special care.
4. In the case of medical emergency, I give permission to the physician selected by the Camp Director to hospitalize, secure treatment, and to order injection, anaesthesia or surgery for the child named on this application form.
5. I give Camp Temiskaming permission to use any image or likeness of the camper in promotional material.
6. 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.
7. I give Camp Temiskaming permission to take the camper on supervised activities that may, from time to time, occur off the immediate Camp property.

To process this application, a signature of agreement is required.

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

SIGNATURES

* Signature of parent/guardian is required if camper is under 18

(print name)

(sign name)

Please check the week of camp applying for:

Boys (age 8– 12) - July 17 – 23

Girls (age 8 – 12) - July 24 - 30

IMPORTANT: Drop off times are Sunday at 2:00 pm and pickup is on Saturday at 11:00 am.

- Total Camp Fees Enclosed: Minimum deposit of \$150.00 (non-refundable) full payment must be received by June 1st, 2022 to guarantee spot
- \$450.00 for Early Bird Registration if received before May 15th, 2022
- \$475.00 for full fee received before June 1st, 2022

Make cheques PAYABLE TO **CAMP TEMISKAMING** and mail to: Camp Temiskaming c/o **Carrie Birtch**
123 Greenwood Ave. #9
NORTH BAY, ON P1B 5E8

Or e-transfer to camptemiskaming@outlook.com

If you require financial assistance, please contact the registrar before April 30, 2022 to apply for a bursary. Late registrations may not be accepted. If you have not received a notice of confirmation (phone call, email or letter) by July 1, 2022, please contact the registrar at camptemiskaming@outlook.com. Please do not attend camp without confirmation.