

CAMP TEMISKAMING REGISTRATION FORM - 2024

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

(MM/DD/YY)

Address: _____ Postal Code: _____

Parent/Guardian's Name: _____

Address: _____

E-mail: _____

Phone #: _____

HOME

WORK

CELL

Church (if applicable): _____

HEALTH INFORMATION

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

Family Doctor: _____ Phone #: _____

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

1. _____
NAME HOME # WORK# CELL #

Relationship to Camper: _____

2. _____
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

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):

Ear trouble Headaches Respiratory ailments Nightmares Convulsions

Nightmares Bed wetting Sleepwalking ADD/ADHD Joint pain

Mental illness (please check if applies) anxiety self-harm depression past trauma issues anger

obsessive-compulsive behaviours phobias other _____

Has the camper ever been the victim of bullying yes no

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, anesthesia 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:

Mixed (co-ed) Camp I - July 14 – 20

Mixed (co-ed) Camp II - July 21 - 27

Children Age 8 – 11

Children Age 12 - 15

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, 2024 to guarantee spot
- \$450.00 for Early Bird Registration if received before May 15th, 2024
- \$475.00 for full fee received before June 1st, 2024
- \$500.00 for late registrations after June 1st, 2024

Please complete this form and mail with payment to:

Camp Temiskaming c/o PO Box 543, Englehart, ON P0J 1H0

OR
send form electronically and e-transfer payment to camptemiskaming@outlook.com

If you require financial assistance, please contact the registrar before April 30, 2024 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, 2024, please contact the registrar at camptemiskaming@outlook.com. **Please do not attend camp without confirmation.**