

# Women's Retreat Registration Form

Camp Temiskaming

## Camper Information

Please submit one form per camper

### Camper Name \*

First Name

Last Name

### Date of Birth \*

Month

Day

Year

### Health Card Number \*

### Health Card Version Code \*

### Family Doctor

First Name

Last Name

### T-shirt Size (ADULT SIZE) \*

Small

Medium

Large

X-Large

2XL

3XL

**Address \***

Street Address

Street Address Line 2

City

Province

Postal Code

**Cell Phone Number \***

**Home Phone Number**

**Business Phone Number**

**E-mail \***

example@example.com

**Home Church (if applicable)**

## Emergency Contact

**Emergency Contact Name \***

First Name

Last Name

**Emergency Contact Number \***

**Emergency Contact Name \***

First Name

Last Name

**Emergency Contact Number \***

## Health Information

**Are vaccinations up to date? \***

**Date of last tetanus shot: \***

**Do you have any special dietary needs/requirements? (I.e. allergies, vegetarian, etc) \***

**Do you have any allergies? \***

**If so, please list type of reaction and treatment required.**

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

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

**A list of medications will need to be given to staff upon arrival**

## Registration/Payment Info

### Total Camp Fees to be sent along with this application: \*

Registration fee of \$100

### Payment Options

Payment can be sent electronically via e-transfer to [camptemiskaming@outlook.com](mailto:camptemiskaming@outlook.com) or via cheque mailed to Camp Temiskaming c/o PO Box 543, Englehart, ON P0J1H0

## Conditions of Attendance - Medical and Photo Release

I acknowledge and understand the following:

- 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 of any liability.
- 2) In the event that you require medical treatment beyond the first aid measures available at Camp Temiskaming, you will be charged with any additional expense arising from special care.
- 3) By signing this form, I give permission to be taken to the hospital in the event of my illness or injury, should the nurse and/or the Director of the camp deem it in my best interests.
- 4) I give Camp Temiskaming permission to use my image or likeness in promotional material.
- 5) 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.

### Name \*

First Name

Last Name

### Date \*

Month Day

Year

### Signature

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