

# Camp Temiskaming Registration Form

## Camper Information

Please submit one form per camper

### Camper Name \*

First Name

Last Name

### Sex \*

### Date of Birth \*

Month Day

Year

### Age: \*

### Health Card Number \*

### Health Card Version Code \*

### Family Doctor

First Name

Last Name

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

- X-Small
- Small
- Medium
- Large
- X-Large

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian Name \***

First Name      Last Name

**Address \***

Street Address

Street Address Line 2

City      Province

Postal Code

**Home Phone Number**

**Business Phone Number**

**Cell Phone Number \***

**E-mail \***

example@example.com

**Home Church (if applicable)**

## **Emergency Contact (other than the parent above)**

In the case that we are unable to reach you in an emergency, please provide the name and number of someone we can contact (other than the parent above).

**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: \***

Are corrective lenses required? \*

Contact lenses worn? \*

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? \*

If so, please state full particulars

Does the camper have any special dietary needs/requirements? (I.e. allergies, vegetarian, etc) \*

Does the camper have any allergies? \*

If so, 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
- Bedwetting
- Sleepwalking
- ADHD
- Joint pain
- Anxiety
- Self-harm
- Depression
- Past trauma issues
- Anger
- Obsessive compulsive behaviours
- Phobias
- None of the above

**If condition not listed above, please provide details here:**

**Has the camper ever been a victim of bullying? \***

**Any additional details that we should be aware of?**

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

**Are there any family issues we should be aware of? \***

**If yes, please provide details here:**

**Briefly describe the camper's temperament (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 medications which the camper is bringing with them. These must be clearly labelled and given to staff upon arrival.**

Do you have any special instructions for staff regarding this camper's care and needs at camp?

## Registration/Payment Info

**Please check the week of camp applying for (ages as of Dec 31, 2025): \***

- Mixed (Co-Ed) Camp I - July 13-19 (Ages 8-12)
- Mixed (Co-Ed) Camp II - July 20-26 (Ages 12-15)
- Mixed (Co-Ed) Camp III - August 10-16 (Ages 8-12)

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

- Minimum deposit of \$150 (non-refundable). Remainder (\$325) must be received by June 1, 2025 to guarantee spot
- \$450 early-bird registration if received before May 15, 2025
- \$475 for full fee received before June 1, 2025
- \$500 for late registrations after June 1, 2025

### Payment Options

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

### Financial Assistance

If you require financial assistance, please contact the registrar before April 30, 2025 to apply for a bursary. Late registrations may not be accepted. If you have not received confirmation by July 1, 2025, please contact the registrar at [campstemiskaming@outlook.com](mailto:campstemiskaming@outlook.com). Please DO NOT attend camp without confirmation.

## Conditions of Attendance - Medical and Photo Release

I acknowledge and understand the following:

- 1) The parents/guardians submitting the 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 of 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 in 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.

**Parent/Guardian Name: \***

First Name

Last Name

**Date \***

Month Day

Year

**Signature**

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