

Registration Form

(complete both sides of form and mail with payment)

Registration for summer camp events received by June 1st will be given priority.

Camp Event & Number _____ Camp Date: _____

Name of Camper _____ Male _____ Female _____

Age as of July 1st _____

Date of Birth _____ Parent/Guardian Info

Address: _____ Name _____

City: _____ PC _____ Phone (H) _____

Phone (W) _____

Denomination: _____ Email: _____

PAYMENT AND REFUND POLICY

Full payment must accompany registration form. No refunds after camp session starts. \$20 fee for NSF cheques. Before June 15: (minimum \$100 deposit, balance as post-dated cheques).

Deposit \$ _____ + Post-dated Cheque June 15 \$ _____ = Total \$ _____ **OR**

If registering after June 15: Payment in full \$ _____

Each camper may choose **ONE** friend as cabin partner. Partners **MUST** be within 2 years of age of each other and the choice **must be mutual**.

Name of friend _____

Kenesserie Camp may use photos or videos of my child for promotional purposes. YES NO Please Circle One

Is this child sponsored by an agency? YES NO Please Circle One

If yes. I authorize the sponsoring agency to release required information to Kenesserie Camp.

Signature of Parent _____

OFFSITE CAMPING & LIT PROGRAM

My child is participating in an offsite camp. I understand that all onsite rules apply and my child may travel in camp vehicles.

Signature of Parent _____

DEREGISTRATION

I the parent/guardian give permission to Kenesserie Camp to release my son/daughter only to the following names at departure time of the camp.

1. _____ 2. _____

Please indicate if there is anyone that must **NOT** pick up the above camper.

1. _____ 2. _____

Parent/Guardian Signature _____ Date: _____

By filling out this registration form parent/guardian acknowledges all information collected will be used for registration and health care purposes only.

Office Use Only

Signature of Authorized Person _____

Kenesserie Witness Signature _____

Kenesserie Camper Health Record

*(It is extremely important that this section be filled out accurately, clearly and legibly.
This form will be used if campers require health care at camp)*

Name of Camper _____
(Last) (First)

Health Card# _____ / _____ / _____ / Version Code _____ Exp. Date _____

1. Emergency Contact _____ Phone # _____

2. Emergency Contact _____ Phone # _____

Family Physician _____ Phone # _____

Allergies (please indicate with an * those that are life threatening)

Does your child have special dietary needs (vegetarian, lactose intolerant, gluten)? Please specify. _____

Tetanus date of last injection _____ (Must be within last 10 years)

Please specify any medical condition that will require monitoring at camp.

Please complete (if your child has had any of the following, please circle and give approximate dates.)

Chicken Pox _____	Heart Condition _____	Sore throats _____	Diabetes _____
German/Red Measles _____	Tonsillectomy _____	Epilepsy/Fainting _____	Adnoidectomy _____
Severe Stomach Ache _____	Scarlet fever _____	Whooping Cough _____	Asthma _____
Colds/Ear aches _____	Sinus trouble _____	Hay Fever _____	Mumps _____
Bedwetting _____			

If medications will be brought to camp they must be in ORIGINAL container, clearly labeled with camper name and they must be with you when you register. This includes prescription and over the counter drugs. Please have them in a Ziploc bag with their name on it. Camp stocks only one or two brands of pain/fever control and antihistamines etc.

Can any of the above be administered if needed? YES/NO

GUARDIAN PERMISSION: I declare that _____'s health is suitable for camping activities. I permit the Kenesserie Director and first-aid team to engage in on-site medical care as deemed necessary (including administration of medication I have brought for camper during their stay) and to use their judgement in determining the extent of immediate medical care as required for this child and to the extent of using the emergency service of a hospital. As well I agree to not hold staff or Kenesserie Camp liable for accidents or misfortune that may occur to the camper (knowing that every precaution shall be taken by staff to ensure campers' welfare and safety.)

Guardian Signature _____ **Date:** _____

I understand that I will be expected to abide by camp rules. _____

Signature of Camper

OFFICE USE ONLY

First Aid Notes from the week:	Medications
Director's Notes:	