

Registration Form

Please detach registration form and send to the camp with a \$25 deposit.
Mail: Camp Tulakadik, PO Box 367, Norton, NB E5T 1J7
Fax: (506)839-2461 (credit card payment only)

Camper Information

Camp event you plan to attend: _____
Last name: _____ First name: _____
Middle initial: _____ Gender: M F
Address: _____
City: _____
Province: _____ Postal Code: _____
Tel(h): _____ Tel(w): _____ Tel(c): _____
Date of birth(d/m/y): _____ Age: _____
Email: _____
Choice of 2 cabin mates:
1. _____ 2. _____
Have you attended Camp Tulakadik before Yes No
Medicare number: _____ Expiry Date: ____/____/____
Emergency Contact: _____
Relationship: _____
Tel(h): _____ Tel(w): _____ Tel(c): _____
Family Doctor: _____ Tel: _____
Year of last tetanus booster: _____
Medical Conditions (please provide specific instructions for the care of your child while at camp): _____

Is there any additional information regarding medical conditions, history of medical conditions, restriction (i.e. diet, physical activities, etc)

Please attach additional notes if more space is needed

Parents/Guardians Names: _____

Relationship: _____

- Please attach a list of prescribed medications/treatments.
- Campers are not to leave the campgrounds except as a part of camp activities supervised by camp staff. To ensure the health and safety of your child we have a qualified medical person for every camp. **When arriving at camp ALL medications must be surrendered to the First Aid Attendant who will administer all medicine.**
- Over the counter medications, will be used at the discretion of the medical staff for the following symptoms: colds, coughs, congestions, pain, headaches, fever, upset stomach, nausea, vomiting, diarrhea, rashes, allergies, cuts, scrapes and burns.
- The dosage of medications given to campers will be as directed by the package unless otherwise indicated by the parent/guardian. If you have any preferences or objections to particular medications please indicate on a separate piece of paper and attach to this form.
- **Please remember, when bringing any prescription medications to camp they MUST be in their original labeled container.**

For credit card payment: Please charge \$ _____ to my: Visa MC

Card #: _____ - _____ - _____ Exp. Date: ____/____/____

Name of Card Holder (required): _____

Card Holder's signature (required): _____

CAMPER PICK-UP

To ensure the safety of our campers we require that you inform us of who will be picking your child up on the last day of your camp. Campers will only be permitted to leave the camp grounds with the individual specified here:

Name: _____

Relationship to camper: _____

Tel(h): _____

Signature: _____

Should this information change while the camper is at camp, please inform the camp 24 hours before departure time.

THINGS TO REMEMBER

- No cheques will be accepted on registration day.
- No registrations will be accepted by phone.
- Confirmation letters or phone calls will not be sent out unless there is additional information that your camper may need, or there is no longer any room left in the camping event they have applied for. Confirmation will be indicated by cancelled cheques, or charges to your credit card.
- No camper will be allowed to attend camp unless his/her fees are paid in full before the camp session starts.

WAIVERS AND CONDITIONS OF ENROLLMENT

1. Camp Tulakadik exercises a "No Tolerance" policy on bullying and misbehaviour. In the event that a camper fails to heed to fair warnings and continues to abuse this policy, they will be sent home at the parent/guardians's expense with no refund on camper fees.
2. The Executive Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp. The parents/guardians must certify that the applicant camper is in normal condition and is amenable to necessary discipline. Failure to disclose problems at the time of application could result in dismissal.
3. The parents/guardians submitting this form are those having legal custody over the child. Condition of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any court order referring to visitation rights. If anyone other than the above-indicated parent/guardian will be picking the camper up, Camp Tulakadik must receive written notification 24 hours prior to camper departure of the camping event in question.
4. I, the parent/guardian of the named participant on this application release the Saint John/Kings Association of United Baptist Churches Inc., its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the named participant on this application of his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named participant on this application. NB Medicare or equivalent medical insurance must cover each participant.
5. The signature of the parent/guardian on this application shall give the Executive Director the right to arrange for any special services or other requirements necessary for the best interest of the camper and shall give the Executive Director the right to approve and obtain any medical attention necessary for the camper's welfare and good health including ordering injection, anesthesia or surgery. In such a situation, the camp will attempt to notify the parents/guardians as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.
6. We agree to permit reasonable use of photos and video or other pictures of the applicant camper in promoting the camp activities and programs. Camp Tulakadik will not give out to third parties any information pertaining to the addresses or names of campers in their care without the permission of their parent/guardian.
7. I have read the waivers and condition of enrollment and accept them. I certify that the information recorded on this form is accurate.

Parent/Guardian signature: _____

Date (d/m/y): _____

The above signature certifies all of the conditions above. Please note that applicants will not be accepted without the above signature