

REGISTRATION FORM



To register, please send to camp:

1. A completed registration form. One form per camper and one form per camp is necessary.
2. One cheque, money order, or credit card information currently dated, covering the non-refundable deposit **OR** full camp fee. (Deposit for week-long summer camps: \$40. Two to three-day camps: \$20. Family Camp: \$50)
3. Second cheque or money order, covering the balance of the camp fee dated no later than **3 weeks prior** to your reserved week at camp. (Please include camper's name & camp event on the cheque or money order), **OR** you can pay the balance by Visa, MasterCard, debit, cash, or money order on registration day.

NOTE: No cheques will be accepted on registration day. No registrations will be accepted by phone.

Registration options:

Mail - Payment by cheque, money order, or credit card only
FAX - (506) 839-2461 Payment by credit card only

Things to remember:

- 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.

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CAMPER INFORMATION

Camp event you plan to attend: _____
 Dates: _____
 Last name: _____ First name: _____
 Middle initial: _____ Gender: • M • F
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____
 Tel (h): _____ Tel (w): _____
 Date of birth (d/m/y): _____ Age: _____
 Email: _____
 Choice of 2 cabin mates:
 1. _____ 2. _____
We make every effort possible to ensure your child is with their cabin mates
 Have you attended camp Tulakadik before? • Yes • No

MEDICAL INFORMATION (to be filled out by parent or guardian)

Medicare Number: _____ Expiry Date: ____/____/____
 Emergency Contact: _____
 Relationship: _____
 Tel (h): _____ Tel (w): _____
 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, restrictions (i.e. diet, physical activities, etc)? _____

Parents/Guardian Names: _____
 Relationship: _____

MEDICAL INFORMATION (continued)

- 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 and lifeguards for every camp. **When arriving at camp ALL medications must be surrendered to the First Aid Attendant who will administer all medicine.**
- Consent is required for over the counter medications to be used at camp for the following symptoms: colds, coughs, congestion, 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 labelled container.**

INTEREST GROUPS

Please place a number beside the skills you would like to do, #1 being your first choice and #10 being your last. *Only applicable to week-long camps.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Wild Games | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Kayaking | <input type="checkbox"/> Archery | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Water Games | <input type="checkbox"/> Wilderness Survival | <input type="checkbox"/> Crafts (\$3 extra) |
| <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Puppets |
| <input type="checkbox"/> Ropes Obstacle Course | <input type="checkbox"/> Rappelling | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Mad Scientist | <input type="checkbox"/> Home Cooking | <input type="checkbox"/> Ball Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Nature Study | <input type="checkbox"/> Orienteering |
| | <input type="checkbox"/> Basketball | |

T-SHIRT SIZE: Adult • S • M • L • XL • XXL
 Youth • S • M • L

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/guardian'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 conditions 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.

