



## Summer Registration Form

### Camper Information

First name		Last name	
Date of Birth		Gender M/F	

Address		City	
Postal Code		Province	
Phone		Email	

Church Attending		Pastor	
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Parent/Guardian		Relationship	
Home Phone		Work Ph.	
Cell Phone		e-mail	
Address (if different than above)			

How did you hear about us?	
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### Camper Medical Information

Medicare Number		Expiry Date	
Family Doctor		Phone	
Emergency contact		Phone	
Last Tetanus Booster			

Allergies or Medical Conditions	
Additional Information (Prescriptions, etc...)	

## Medical Information

- On the day of registration, please bring a list of prescribed medications/treatments to present to the Camp's first aid attendant.
- Campers are not to leave the campgrounds except as a part of the 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.**
- Over the counter medications will be used at the direction of the medical staff for the following symptoms: colds, coughs, congestion, pain, headaches, fever, upset stomach, nausea, vomiting, diarrhea, rashes, allergies, cuts, scrapes and burns
- The dosage of medicine 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 medications to camp they MUST be in their original container.**

## Camper Pick-Up

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

Name		Phone	
Relationship to Camper			

**\*\*Should this information change, please notify the camp 24 hours before pick up\*\***

- Parents/Guardians are asked NOT to visit or call campers during their stay at camp unless the camper's well-being depends on it. The camp will promptly contact you if there is a problem
- We encourage parents/guardians to send email or mail to campers during their stay.

## Camper Choice

### Cabin mate requests:

Name	
Name	

Tuck Money	\$ _____
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# Terms of Agreement

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 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 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 ordered referring 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 the camper's 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 member, staff and agents from any loss, personal injury, accident, misfortune, or damage to the named participant on this application of his/her property, with understanding that responsible 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 nest interest of the camper and shall give the Executive Director the right to approve and obtain any medical attention necessary for the campers' welfare and good health including offering injection, anaesthesia or surgery. In such a situation, the camp will attempt to notify the parents/guardians as soon as possible. The parents/guardian 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 picture 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 enrolment and accept them. I certify that the information recorded on this form is accurate.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Camp Fee (refer to brochure or <a href="http://www.camptulakadik.com/schedule.php">www.camptulakadik.com/schedule.php</a> )	\$
HST (13%)	\$
Tuck (Canteen)	\$
T-Shirt (\$15)	\$
<b>Total</b>	\$
Amount Enclosed	\$

**Acceptable Methods of Payment**

Cash, Cheque, Visa, MasterCard & Debit