

CAMPER INFORMATION

Name: _____

Address: _____ City: _____

Province : _____ Postal Code : _____

Birth Date (d/m/y): ____/____/____ **Age** on July 31st, 2020: _____

PARENT/LEGAL GUARDIAN CONTACT INFORMATION

Name(s) : _____

E-mail: _____

Phone Numbers: (home) _____ (work) _____

(cell) _____

EMERGENCY CONTACT INFORMATION – in the event that the parent/guardian cannot be contacted.

Name: _____

Home Phone: _____ Alternate number: _____

Emergency contact's relationship to camper: _____

HEALTH INFORMATION – Family Doctor name: _____

Phone #: _____

Does your child have needs, which will require particular attention during their week at camp?

Please Check: **Physical limitation** **Social or emotional difficulty** **Behavioural needs**

Please include a brief explanation on a separate page.

Medication Policy

All medication (except inhalers and EPIPENS) MUST be submitted to the camp nurse/equivalent upon arrival at camp.

Medication must be in bubble packaging.

The staff administering medications may or may not be health care professionals but are parents certified in Standard First Aid. (The nearest hospital is 30 minutes away by car).

No medication (including non- prescription) will be administered without verbal consent of a parent/guardian (along with written consent indicated below), unless under specific and individual orders of a physician.

Does your child have any allergies or is he/she on any medication?

Allergy(s) Yes **No** **Medication(s) Yes** **No**

(Please have medications in bubble packs if possible).

Conditions of Registration

1. I understand that the Camp Co-ordinator and Christ the King directors reserve the right to dismiss a camper who in their opinion is a hazard to the safety and rights of others, or who appears to have refused to adhere to the rules and guidelines of the camp. If this occurs, the fee is non-refundable. The parents or guardians in this case shall provide transportation.
2. I state that the parent/guardian submitting this application has legal custody over the child. Conditions of custody, if applicable, must be fully communicated in writing to the camp.
3. I recognize that Christ the King intends to hold the safety of my child in utmost importance and every precaution is taken to ensure the well-being of everyone at the camp. I therefore release Christ the King Camp, its directors and staff members from any and all liability in the event of an illness, accident or misfortune that may occur to my child.
4. I attest that the camper is covered by Provincial Health or equivalent medical insurance.
5. I have read, understand and agree with the "Medication Policy".
6. I permit camp staff to administer other medication (ex. pain relievers, cough/cold medications) if needed, as per my verbal instructions. I give permission for qualified staff to administer an EPIPEN if needed.
7. I understand that, except in the case of minor illness, all attempts will be made to contact me regarding medical decisions and treatment of my child/ward. However, I authorize camp staff to release the information on this form and approve emergency medical attention including hospitalization, anesthesia, surgery or injections or medication for the camper (or myself when ordered by professional medical staff).
8. I will notify the camp in writing if any change occurs in the camper's health within 7 days prior to attending camp.
9. I recognize that Christ the King Camp abides by the rules made under the Freedom of Information and Protection of Privacy Act. Camper personal information will only be shared with camp staff and volunteers directly involved. Exceptions will only be made for compelling health or safety reasons.
10. I give permission to Christ the King Camp to use photographs/videos of the camper for promotional materials.
11. I understand that some activities are held off the main Campsite. Campers may have supervised scheduled walks off-site.
12. I have read this registration form, have discussed the code of conduct with the camper and understand the conditions of enrolment and the cancellation policy and I agree to be responsible for the payment of all fees due to the camp.
13. I certify that the information given in this form is complete and accurate to the best of my knowledge.
14. A late pickup fee may be charged if camper is not picked up within 30 minutes of the end of their camp program.
15. I understand that NO reimbursement will be made towards camp fees after June 15th, 2020, unless extraordinary extenuating circumstances occur.

I have read the Conditions of Registration (above) and the rules and guidelines (online), understand and agree to all terms and conditions.

Date: _____

Parent/Guardian _____ Print: _____

Youth Camper signature _____ Print: _____

Liability Release & Parent / Guardian Consent

I hereby waive, release and discharge any and all personal injury claims, property damages which may occur as a result of participation in camp activities. This release is intended to discharge in advance Christ the King Camp, its Board of Directors, officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the above mentioned persons. I agree to observe safety procedures and practices for camp activities at all times. It is understood that some recreational activities involve an element of risk or danger of accidents and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. I _____ give consent for _____ to participate in all camp activities, and I execute the above liability release on their behalf.

Photo Release

Photos may be taken during camp. I understand that these photos are the property of the photographer and he /she may edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Christ the King Camp or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of photographs. Christ the King Camp has consent to use my likeness in a photograph in any and all of its promotions or publications, including website and social media, without payment or any other consideration. Christ the King Camp will not trade, share or sell to any outside party and content will remain property of the photographer. I hereby certify that as the parent / guardian of _____, named I _____

do hereby give my consent without reservation to the above mentioned Photo Release.

SWIMMING LEVEL: _____ (If level is not known a swimming test may be conducted in order to ensure safe ability).

Responsibility for Drop off and Pick up of campers under 18

I fully acknowledge that whoever is delivering my child(ren) to Christ the King Camp
MUST SIGN IN at registration upon arrival.

I, _____ parent of _____

/ _____ will be picking up my child(ren) from camp.

OR have made arrangements for _____ to

pick up my child(ren) from camp.

Cell #: _____ Relationship to camper: _____

Phone#: _____

Additional Comments:

This portion to be filled out at drop off and pick up. Please Do not fill out in advance.

Drop Off

Date: _____

Parent / Guardian: Signature _____

Picked Up

Date: _____

Parent / Guardian: Signature _____

COST:

ages 10 – 15 years Five Day Youth CAMP

July 27 – July 31 (Monday 4:00p.m. –Friday 2:00p.m.)

Registration Deadline:

Early bird (Discount) March 31, 2020 \$120.00/ 1-2 child(ren), \$100.00 /additional siblings

Regular (no discount) after March 31, 2020 - \$150.00/ child

ages 4 – 6 ages 7– 9 Vacation Bible School Day Camp

July 27 – July 31 (Monday - Friday 9:00a.m. – noon)

Registration Deadline:

Early bird (Discount) June 15, 2020 \$25.00 / 1-2 child(ren), \$20.00 / additional siblings

Regular (no discount) after June 15, 2020 \$30.00 / child