

Camp NeeKauNis
40 NeeKauNis Road
Waubaushe, Ontario, Canada
L0K 2C0
705.538.2357

...find yourself at



CAMP

ADULTS AND MINORS ATTENDING TOGETHER
CAMPER REGISTRATION FORM
www.neekaunis.org

Name of Camp _____ Dates of Camp _____

Name of person completing this registration _____

Address _____

Home phone _____ Cell phone _____

Email _____

Please identify all campers covered by this registration by completing information for each camper on a separate line. ***If you are bringing a child who is not your own, you must have a parent or guardian of the child complete and sign the statement at the end of this registration.***

Name of Camper	Gender	Licensed driver?	Children under 18 birth date last grade		Allergies Specify page 2

Camper Information

Does any camper in your group hold First Aid certification? Yes ☐ No ☐

Camper name _____ Certificate _____ Date _____

If you have attended Camp before, please indicate most recent occasion _____

If you cannot participate for the entire Camp please note here _____

Please identify any special dates (e.g. birthday) you would like to celebrate during camp.

What special interests, skills, or hobbies would your campers enjoy sharing with others?

Camper Medical Information

When completed, this form will be kept confidential. It will be used by the camp director, emergency responders, healthcare providers, and camp staff, solely on a "need-to-know" basis.

Camper Name(s) _____

Does a camper have any existing **medical conditions** (e.g. diabetes, asthma, hearing or sight impairment)? Yes ☐ No ☐

If yes, please indicate who, and describe: _____

Is a camper taking any **medications**? Yes ☐ No ☐

If yes, please indicate who and list: _____

Does a camper have any significant **allergies** (e.g. medications, latex, or food)? Yes ☐ No ☐

If yes, please indicate who and describe: _____

Is there any other medical information we should have about a camper that will help us to ensure her/his safety and wellbeing while at Camp or in the case of emergency? Yes ☐ No ☐

If yes, please explain: _____

Are all inoculations up-to-date? Yes ☐ No ☐

Please note: if any camper contracts a communicable disease between the time of application and the time of camp *the Camp Director should be notified* prior to the start of camp.

Family physician name and phone number (optional) _____

Out-of-country applicants: we urge you to arrange travel insurance.

Emergency Contact

This is a person Camp personnel may contact in case of emergency.

Name _____ Relationship to you _____

Phone (Home) _____ (Cell) _____ (Work) _____

Location (City) _____ (Province) _____

Food

Camp cooks are committed to accommodating dietary requirements when they receive pertinent information in advance of menu planning. They do their best to accommodate a multitude of requested preferences, but will not always be able to do so. Your understanding is appreciated!

Do any of your campers have food allergies or sensitivities?

Yes ☐ No ☐

If yes, please provide details and note the **severity** of the allergy.

Camper Name	Food Allergy	Level of Severity

Camper Name	Food Sensitivity	Level of Severity

Please list additional dietary requirements of your camper (e.g. vegetarian, vegan).

Camper Name	Dietary Requirement	Notes

Participation Agreement

I agree that all campers covered by this registration will follow the policies of Camp NeeKauNis as outlined in Camp registration materials and policies. We will not bring to Camp any weapon, illegal drugs, alcohol, or any toy, clothing, or entertainment that promotes violence, prejudice or war.

Campers should arrive at Camp *between 2 p.m. and 5 p.m.* on the first day and leave Camp *after clean-up, before lunch* on the last day.

Signature _____ Date _____

Waiver: Hold Harmless Agreement

I _____ am the parent or guardian of _____
 _____ who is/are [a] camper[s] at Camp NeeKauNis of Canadian Yearly
 Meeting of the Religious Society of Friends during the dates: _____.

I agree to hold harmless Camp NeeKauNis, Canadian Yearly Meeting, its insurers, and its agents and volunteers in its camping programmes, against any expense relating to a claim for injury or loss to myself, my child or myself through any of them, unless caused by their intentional act. I make this agreement willingly on behalf of myself, and my child[ren] or anyone who could claim damages on my child's or children's behalf.

Signature _____ Date _____

Electronic devices policy

Please note that that personal electronic devices (cell phones, tablets, mp3 players, personal game consoles, computers, etc.) are not desired at Camp NeeKauNis. At adult and mixed generation camps, campers and staff are asked to store any devices in their luggage and leave them there. The full policy and rationale are available on the Camp website.

Keeping in touch

We would like to keep in touch with you! Camp NeeKauNis occasionally sends newsletters containing notices of upcoming camp sessions, events and other information. To do this we will retain your postal and e-mail addresses. This address information will never be conveyed to, or used by, any party other than Camp NeeKauNis. You may unsubscribe from our list at any time.

- ☐ I would like to receive newsletters from Camp NeeKauNis
☐ I would not like to receive newsletters from Camp NeeKauNis

Camp NeeKauNis photography and media release

Camp NeeKauNis will occasionally take photographs, videos, and audio recordings throughout the season for promotional purposes in print, on our website, or on our social media accounts. When you sign this registration you are confirming that you have the authority to agree to the publication of these materials on behalf of all campers you are registering. Please note that Camp NeeKauNis cannot control the use of media by other campers. Your signature indicates that you release Camp NeeKauNis and its employees and representatives from any claims, demands, expenses, causes of action and for liability in any way related to the collection and use of testimonials and images. This agreement is binding for all visits to Camp NeeKauNis.

Signature _____ Date _____

Completion

I have read this registration form in its entirety and completed it with accurate information. I understand that in the event we have questions, we may contact the camp director directly, and can also access all Camp policies in full on the Camp NeeKauNis website.

Signature _____ Date _____

*Please send your completed registration form to the director of your camp, **NOT** to the Camp address. A non-refundable payment of \$75 must accompany your completed registration form in order to hold a space for your Camper. This amount will be credited to your account when you pay the balance owing upon arrival at the beginning of your camp session. Cheques payable to **Camp NeeKauNis** must be in Canadian funds.*

Parent or Guardian Consent***Required only if parent or guardian will not be present during camp***

I, _____ affirm that (name) _____
 (relationship to child or children) _____ shall have
 temporary guardianship of my child or children:

1. _____
2. _____
3. _____

while attending _____ Camp at Camp NeeKauNis, Waubaushene, Ontario.

The dates of this camp are from _____ to _____, 20____.

Signed

Date

Print Name

Phone Number
