

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

...find yourself at



CAMP

**ADULTS OR ACCOMPANIED TEENS
CAMPER REGISTRATION FORM
www.neekaunis.org**

Program or Event Name _____ Event Date _____

Participant Name(s) _____

Address _____

Phone (Home) _____ (Mobile) _____

E-mail _____ E-mail _____

Emergency Contact name & relationship to camper _____

Phone (Home) _____ (Cell) _____

Existing Medical Conditions

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.

Please consider the possibility of an unforeseen event at Camp in which medical personnel may be required to administer emergency care. Do you have any existing health conditions that would inform their ability to provide urgent care assistance?

Yes ☐ No ☐

If yes, please describe _____

Medications _____

Medical allergies _____

Dietary restrictions _____

Participation Agreement

I or we _____, agree to participate fully in the activities of this program or event located at Camp NeeKauNis. We will not bring or use weapons, illicit drugs or alcohol. We agree to follow Camp NeeKauNis rules and any other guidelines set out by the group.

Signed _____ Date _____

Signed _____ Date _____

Waiver: Hold Harmless Agreement

I agree to hold harmless Camp NeeKauNis, Canadian Yearly Meeting of the Religious Society of Friends, 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. I am bound by this agreement for the full duration of the camp that pertains to this registration form.

Signature _____ Date _____

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 _____

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.

Registration Fee

Unless otherwise indicated by the Camp director, a non-refundable payment of \$75 must accompany your completed registration form in order to hold a camper's or participant's space. 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.

Designation of Sponsor

This portion to be completed by Parents or Guardians of Young Friends (YF) and Participants under 18 years of age.

YF or Participant Name _____ Age _____

Parent/Guardian name _____ Phone _____

Sponsor name _____ Phone _____

To be signed by Parent/Guardian

I _____, give permission for _____ to attend
(event name) _____ at Camp NeeKauNis, on dates _____ 20__.

If under any circumstances my child is hurt or ill, I authorize my child's sponsor and the camp directors to seek immediate medical attention for my child.

I have read and signed the participation agreement (previous page).

I have asked my child's sponsor to act on my behalf at this event, which may include being alone with my child. In the event of temporary absence from this event, the sponsor is authorized to designate a temporary sponsor.

Signed _____ Date _____

Parent or Guardian