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



UNACCOMPANIED MINORS CAMPER REGISTRATION FORM www.neekaunis.org

Parents and guardians please complete and sign a separate form for each camper. This important information will help us to ensure the health and safety of your loved one!

Camper Information	
Full Name	
Date of birth: (dd/mm/yr)	Gender
Full Mailing Address	
Name of Parent or Guardian (P/G)	
Relationship to Camper	
Address (if different from camper's address)	
P/G Home phoneP/G	Cell phone
P/G Work phone P/G	Email
Emergency contact information	
Best number to contact the parent/guardian in a	n emergency: Home 🗅 Cell 🗅 Work 🗅
Will you be available to contact during camp?	Yes 🗆 No 🗆
If you answered "No", or would like to provide a	backup emergency contact, please complete:
Name of alternate contact	Relationship to camper
Alternate Home phone	Alternate Cell phone
Alternate Work phone	Best number: Home 🗆 Cell 🗆 Work 🗅

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's Name
Does the camper have any existing medical conditions that you would like to share with us (e.g
diabetes, asthma, hearing or sight impairment)? Yes 🗆 No 🗅
If yes, please describe:
Is the camper taking any medications that s/he will bring to camp? Yes D No D
If yes, please list and present to director upon arrival:
Does the camper have any significant allergies (e.g. medications, latex, or food)? Yes 🗆 No 🗅
If yes, please describe:
Is there any other medical information we should have about your camper that will help us to
ensure her/his safety and wellbeing while at Camp or in the case of emergency? Yes \Box No \Box
If yes, please explain:
Does the camper have trouble with bed wetting? Yes \Box No \Box
Family physician name and phone number (optional)
Health Card number or other health insurance information (optional)

NOTE: We do not provide professional counseling, addiction or psychiatric care.

Arrival and Departure from Camp

Will you be transporting your camper to and from camp? Yes D No D

If you answered No, who will be transporting your camper to and from camp?

Are there any persons who are legally restricted (e.g. custody orders, etc.) from picking up your camper or having contact of any nature with your camper during camp? No \(\box) \) Yes \(\box)

If yes, please provide relevant information:

Food and Accommodation

Does your camper have food allergies or sensitivities?

Yes 🗆 No 🗅

If yes, please provide details. Be sure to note the *severity* of the allergies (i.e. allergies to trace amounts of nuts, etc.).

Food Allergies

Severity of allergies

Food Sensitivities

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

Does your camper have requests regarding cabin mates? (We will do our best to accommodate.)

Is there anything else you would like us to know about your camper's cabin assignment?

General Camper information

ls this	the camper's first tin	ne attending C	amp NeeKauNis?
Yes 🗆	Noロ		

If yes, how did the camper hear about camp?

If no, when did your camper last attend camp?

Please describe any special interests, talents or abilities that your camper might like to offer or

share during their time at Camp.

Please tell us about special wishes for activities or programs that your camper is looking forward

to, or would enjoy during their time at Camp.

Signed Consent, Agreement, and Waivers

1. Consent to treatment

In case of medical emergencies, I hereby give permission to the physician selected by the camp director to provide appropriate medical treatment including hospitalization, medications, or surgery. I will assume responsibility for the fees associated with any medical treatment or prescribed medications.

Signature of Parent/Guardian _____ Date _____

2. Participation agreement

I agree to follow the policies of Camp NeeKauNis as outlined in the Camp registration materials and policies. I will not bring to Camp any weapon, any illegal drugs, alcohol, or any toy, clothing, or entertainment that promotes violence, prejudice or war. Also, personal electronic devices (cell phones, tablets, mp3 players, personal game consoles, computers, etc.) are not desired at Camp NeeKauNis. If these devices arrive at Camp, they will be collected, placed in a safe location, and returned to the camper or staff member upon their departure.

Signature of Camper	Date
Signature of Parent/Guardian	Date

3. Field trip permission

I consent that my child attend Camp NeeKauNis and participate in all camp activities some of which may involve leaving Camp grounds for out-trips accompanied by Camp NeeKauNis staff.

My camper has permission to be transported in a pl	rivate car driven by an adult camp staff
member or volunteer. Yes D No D	
Signature of Parent/Guardian	Date
4. Waiver: Hold Harmless Agreement	
Ι	am the parent or guardian of
who is a camp	per at Camp NeeKauNis of Canadian Yearly
Meeting of the Religious_Society of Friends during t	he dates:
I agree to hold harmless Camp NeeKauNis, Canadia and volunteers in its camping programmes, against loss to my child or myself through any of them, unl agreement willingly on behalf of myself and my chi child's behalf.	any expense relating to a claim for injury or less caused by their intentional act. I make this
Signature of Parent/Guardian	Date
5. Keeping in touch	
We would like to keep in touch with you! Camp Net containing notices of upcoming camp sessions, ever retain your postal and e-mail addresses. This addres used by, any party other than Camp NeeKauNis. Yo	nts and other information. To do this we will ess information will never be conveyed to, or
 I would like to receive newsletters from Camp N I would not like to receive newsletters from Can 	
 I would like my child to receive newsletters from I would not like my child to receive newsletters 	•
Camper's email address (optional)	
Signature of Parent/Guardian	Date

6. 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 the camper you are registering. 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. Please note that Camp NeeKauNis cannot control the use of media by other campers. This agreement is binding for all visits to Camp NeeKauNis. A signature from a parent or guardian is required for those under 18 years of age.

Jighatalo of Falcht/ Odal dali Dato	Signature of Parent/Guardian		Date
-------------------------------------	------------------------------	--	------

7. Completion

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

Signature of Parent/Guardian	Date
I have read this registration form in its entirety.	
Signature of Camper	Date

Please send your completed registration form to the director of your camp, **NOT** to the Camp address. A <u>non-refundable payment of \$75 must accompany your completed registration form</u> 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.