

CAMP NEEKAUNIS FAMILY-COMMUNITY CAMP REGISTRATION FORM

Parents/guardians use section A to identify all the campers covered by the registration. Please send your registration form and inquiries to Family-Community Camp directors Beverly and Robbie Shepard, 1070 10th Concession W., RR#3, Puslinch, ON N0B 2J0. The medical information on the reverse of the form is the minimum we feel we ought to know while you're at camp, but please feel free to provide any other information you think we ought to have. **If you are bringing with you a child who is not your own**, please bring a signed statement from his or her parent/guardian indicating that you are the temporary guardian for the child; be sure that all relevant health and insurance information is included. Fees for each programme are payable at Camp. Please do not send a cheque with your registration. Note: your signature is requested in **three places on this form***. Campers should arrive at Camp *after 2 p.m. and before supper* on the first day of the programme and should leave Camp *after lunch and cleanup* on the last day.

Dates of Family-Community Camp: _____ Do you require a subsidy? Yes__ No__

Name: _____

Address: _____

Telephone: _____ E-mail _____

Do you attend a Quaker (Friends') Meeting? _____ If so, which one? _____

A. When more than one camper is covered by this form, list the names of **all** registrants below. (For each **child**, give birth date and last grade completed.) Complete medical information on reverse. If necessary use separate medical information forms for each camper.

Name of registrant	Male or Female	Licensed driver?	For children under 18 birth date	last grade	Health Card type and number (e.g., OHIP)

B. GENERAL INFORMATION

Does any registrant hold certificates from Royal Life Saving Society, Red Cross, St. John's Ambulance, Y.W.C.A., etc.?

Registrant _____ Certificate _____ Date _____

What special interests, skills, or hobbies do registrants have to share with others?

Are there any special needs for accommodation, diet, etc.? Any allergies for directors or cooks to be aware of? Any special occasions (birthday, anniversary, etc.) you'd like to have celebrated at Camp? If so, give details - use a separate page if necessary:

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

If campers must arrive or leave any time other than the programme dates, this must be arranged with the Director and noted here:

PLEASE READ THE FOLLOWING AND SIGN: *As prospective campers, we are aware that we are subject to the policies of the operation of Camp NeeKauNis. We fully realize these policies are the disciplines necessary for the effective and efficient operation of programmes for the benefit of all campers. I understand that I am responsible for medical expenses incurred on our behalf.*

* _____
Signature of adult registrant date

C. MEDICAL INFORMATION [for _____]

HEALTH - It is important that the health information is complete, for all campers' safety. If you have any concerns about any of the questions please contact the Directors.

OHIP number # _____ Other/private health plan name and number*: _____

If a short-term traveler's plan, agent and date: _____

*For out-of-country registrants, we strongly advise taking out Visitors' Blue Cross, or a similar insurance plan

Family physician: Name: _____ Telephone _____

Do any of the campers have health concerns which might require special treatment or medical intervention? _____

If so, please explain (use separate page if necessary):

Any communicable diseases (including head lice) in the past year: _____

Are all inoculations up-to-date? _____ **Please note:** if any camper contracts a communicable disease between the time of registration and the time of camp *the Camp Director should be notified* prior to the start of camp.

Do any of the campers smoke? ___yes ___no

Allergies and special needs: _____

Prescription Medication accompanying you to Camp: _____

What condition does this medication treat? _____

MEDICAL EMERGENCIES: Parents/guardians of children under eighteen are requested to read and complete the following:

In case of emergency, I hereby give permission to the physician selected by the Director of the camp to secure proper treatment, including hospitalization, drugs, injections, anaesthesia, surgery, for my child as named above:

Name of Child _____

* _____
parent/guardian signature relationship date

D. PERSONAL CONTACTS: Please give the name, address and phone number of the person you wish to be contacted in case of emergency.

Name: _____ Phone(s): home _____ work _____ cell _____

Address: _____ Relation to registrant: _____

E. HOLD HARMLESS AGREEMENT: (This is required by our insurance company and must be signed for you to attend Camp.)

I, _____, am a camper and/or the parent ___ guardian ___ of a child or children, namely, _____ who is/are [a] campers at Camp NeeKauNis

of Canadian Yearly Meeting of the Religious Society of Friends for the period of _____.
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 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/children or anyone who could claim damages on my child's/children's behalf.

* _____ Date: _____
Signature(s) of Adult Camper(s)/Parent(s)/Guardian(s)