

For office use only:

Camper's Name: _____

Allergies: _____

CAMP NEEKAUNIS REGISTRATION FORM

40 Neekaunis Road, RR 1, Waubaushene, ON L0K 2C0 Phone (705) 538-2357 www.neekaunis.org

Parents/guardians please complete and sign for each camper registered. Please provide complete medical information requested on the attached form for each camper. Note: your signature is required in six (6) places. Cheques payable to Camp NeeKauNis must be in Canadian funds.

Circle Camp program: Work Junior Intermediate Teen Family-Community C.O.D. Other

Do you require a subsidy? Yes No

Applicant's Name: _____ Date of birth: (dd/mm/yr) _____

Parent's Name(s): _____ Parent's Email: _____

Address: _____ Home Phone: (____) _____

City _____ Province/State: _____ Postal Code: _____ Cell Phone: (____) _____

Camper Email: _____

Are there legal restrictions re: access to child camper? (e.g. visitation/phone calls)

Do you attend a Quaker (Friends') Meeting? Yes No If so, which one? _____

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

Does the registrant hold certificates from Royal Life Saving Society, First Aid, CPR, etc? Yes No

Certificate(s): _____ Date(s): _____

What special interests, skills or hobbies does the registrant have? _____

Are there are special needs for accommodation, etc? Please give details: _____

Is registrant a vegetarian? Yes No Please give dietary details: _____

Are there any food allergies or sensitivities? Yes No Please list

Are there any requests with regards to cabin-mates? (Not all requests can be met) _____

Are there any celebrations while you're at camp, such as birthday or anniversary? _____

Do you have any other concerns?

Travel arrangements: Passports are required for travel across the U.S.A./Canada border. Letter of permission (possibly notarized) needs to accompany minors; please provide details of travel to and from camp.

Name of person picking your child up: _____

Relationship to child: _____

Does your child have your permission to travel in a vehicle driven by a teenaged driver? Yes No

All applicants please note: on the reverse side there is a waiver that our insurance company has requested we include in this form. Please read and sign all the consents required.

Agreements or waivers:

1. WAIVER (HOLD HARMLESS AGREEMENT)

I, _____, am a camper or the parent/guardian of a child, namely _____
_____ who is a camper 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 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 or anyone who could claim damages on my child's behalf.

Signature _____

Date: _____

2. AN AGREEMENT TO FOLLOW CAMP POLICIES:

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

Signature of Camper _____

Date: _____

Signature of Parent/Guardian _____

Date: _____

3. Permission to leave

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.

Signature of Parent or Legal Guardian

Name of Parent or Legal Guardian (please print)

Date

4. I have read this registration form in its entirety.

Signature of Parent/Guardian

Date

Signature of Camper

Date

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CAMPER MEDICAL INFORMATION

This form will be kept confidential, to be used by the director, healthcare staff, and staff on a "need-to-know" basis.

PLEASE NOTE: We cannot provide professional counseling, addiction or psychiatric care.

Camper's Name: _____

Health Card # _____ *card to be left with director or nurse

Other insurance info: _____

For teen and child campers, bring medications in original containers as they will be stored & dispensed by nurse.

Emergency Contact Information: Name: _____ relationship to camper: _____

Phone number: Home (____) _____ Business (____) _____ Cell (____) _____

Other: _____ Email: _____

Family physician: _____ Phone #: (____) _____

Are you presently under medical care? Yes No Are you pregnant? Yes No

Are you presently taking any medication? Yes No Please list med & reason for taking: _____

Inoculation date: Tetanus _____ other: _____

Are you allergic to any medication? Yes No If so, what? _____

Do you have any other allergies? Yes No If so, what? _____

Have you ever been hospitalized? Yes No Reason: _____

Have you ever had a serious illness or injury? Yes No Explain: _____

Has the camper received professional counselling services in the past year? Yes No

Does the Camper have or ever had: (circle)

Asthma/ Emphysema/ TB	Anorexia/bulimia	Diabetes
Bedwetting	Autism /ADD/ ADHD	Hearing loss
Bladder infections	Blood disorders/blood transfusion	Hepatitis/Jaundice
Congenital heart defect	Cancer/radiation/chemotherapy	Hernia
Dental appliances	Diarrhea/constipation/ IBS	HIV Positive/AIDS
Epilepsy/Seizures/ Fainting	Drug or alcohol dependency	Kidney problems
Heart attack / stroke	Indigestion/Reflux/ Ulcers	Malignant Hyperthermia
Heart murmur/Mitral valve prolapse	Latex allergies	Rashes
High blood pressure	Nosebleeds	Sleep apnea
Migraines	Prosthetic joints or valves	Sleepwalking
Night Terrors	Psychiatric disorders	Thyroid problems
Rheumatic fever	Steroid/cortisone therapy	Vision problems

Expand on circled items above:

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, drugs or surgery. I will assume responsibility for the fees associated with any medical treatment provided (e.g. medications).

Signature of Parent/Guardian _____ Date: _____

Camp NeeKauNis Photography and Media Release

Freedom of Information and Privacy Act

Camper Name _____

While at Camp photographs or videos may be taken of the above named camper. These pictures may be used for display in various places, such as, but not restricted to: Camp NeeKauNis, Meeting Houses, The NeeKauNis website, publicity materials or displays. There is a chance that the press may use photographs or footage of camp-based activities that may result in the campers name/picture appearing on television or in the newspaper. Similarly there could be radio coverage.

Your signature below gives permission for the above named camper's name and image to be used in such a manner 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.

Camper/Parent or Guardian Signature _____ Date _____

Printed Name _____ Relationship to Camper _____