

TEEN RETREAT REGISTRATION FORM

**PLEASE NOTE PARENTS ARE REQUIRED TO SIGN IN FOUR PLACES!!**

Parents/guardians please complete and sign for each camper registered.  
Please provide complete medical information requested on the attached form  
for each camper.

Applicant's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Camper Email: \_\_\_\_\_

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

\_\_\_\_\_

Is registrant a vegetarian?  Yes  No

Please give dietary details: \_\_\_\_\_

Are there any food allergies or sensitivities?  Yes  No

Please list \_\_\_\_\_

Are there any medical concerns? Please list

\_\_\_\_\_

\_\_\_\_\_

Do you have any other concerns?

\_\_\_\_\_

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

**1.** I hereby agree that:

- I will not bring non-prescription drugs to Camp or use them;
- Bring alcohol to Camp or use it there;
- Smoke inside any Camp building, or at other than a designated  
smoking area.
- Leave Camp property without first informing a FAP.
- I recognize that a Camp Programme is a unique and wonderful  
community which may be damaged by the development of a relation  
which excludes others; therefore I will not involve myself in an  
exclusive relationship.

I understand that if I fail to uphold this agreement, I may be required to leave Camp.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. WAIVER (HOLD HARMLESS AGREEMENT)**

I, \_\_\_\_\_, am the parent/guardian of a child, namely  
(parents name)  
\_\_\_\_\_ who is a camper at Camp NeeKauNis of Canadian  
(camper name)

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: \_\_\_\_\_

**3. 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: \_\_\_\_\_

**4. 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: \_\_\_\_\_