

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

...find yourself at



ADULTS AND MINORS ATTENDING TOGETHER

Name of Camp: (Please circle) Family Community Work Other _____

Name of person completing this registration _____

Address _____

Home phone _____ Cell phone _____

Email _____

Keeping in touch through Camp NeeKauNis newsletters:

I would like to receive newsletters I would not like to receive newsletters.

Please identify all campers covered by this registration. **If you are bringing a child who is not your own, you must have a parent or guardian of the child provide you with written permission signed and dated, covering the dates of this Camp session. We have appended a suitable form.**

Name of Camper	Licensed driver?	Children under 18 age last grade	Allergies Y/N (specify pg. 2)

Camper Information

Does any camper in your group hold First Aid/CPR/Food Handlers certification? Yes No

Camper name _____ Certificate _____ Date _____

Please bring along your certifications.

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

If you cannot participate for the entire Camp please note here _____

Please identify any special dates (e.g. birthday) you would like to celebrate during camp.

What special interests, skills, or hobbies would your campers enjoy sharing with others?

Camper Medical Information (Optional for Adults)

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.

Is a camper taking any medications? Yes No

If yes, please indicate who and bring a list of medications with you: _____

Camper Allergies and Sensitivities

Does a camper have any significant **allergies/sensitivities**(e.g. medications, latex, or food)?

Yes No

If yes, please indicate who and describe (level of severity):

Do your campers have up to date tetanus vaccinations? Yes No

Is there any other **medical information** we should have about a camper that will help us to ensure her/his safety and wellbeing while at Camp or in the case of emergency? Yes No

If yes, please indicate who, and describe: _____

Emergency Contact

Name _____ Relationship to you _____

Phone (Home) _____ (Cell) _____ (Work) _____

Location (City) _____ (Province) _____

Food

Camp cooks are committed to accommodating dietary requirements and do their best to accommodate preferences. Your understanding is appreciated! Please list dietary requirements of your camper (e.g. vegetarian, vegan) so they can plan in advance.

Camper Name	Dietary Requirement	Notes
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participation Agreement

I agree that all campers covered by this registration will follow the policies of Camp NeeKauNis as outlined in Camp registration materials and policies (see www.neekaunis.org). We will not bring to Camp any weapon, illegal drugs, alcohol, or any toy, clothing, or entertainment that promotes violence, prejudice or war. 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.

Campers should arrive at Camp *between 2 p.m. and 5 p.m.* on the first day and leave Camp *after clean-up, before lunch* on the last day.

I have read and agree to the Participation Agreement

Waiver: Hold Harmless Agreement

I _____ am the parent or guardian of _____
 _____ who is/are [a] camper[s] 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 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 have read and agree to the Hold Harmless Agreement

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 below 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.

I have read and agree to the Photography Release

Completion

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

Signature _____ Date _____

Please send your completed registration form to the director of your camp.

Please contact neekaunis-admin@quaker.ca for their addresses or with your questions.

For other information please visit our website www.neekaunis.org.

Fee Memo

A non-refundable payment of \$100 must accompany your completed registration form in order to hold a space for you or 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. Your director will confirm your total. Cheques are payable to Camp NeeKauNis and must be in Canadian funds.

Fees and Deposits can now be sent to neekaunis-treasurer@quaker.ca through your bank account. **Please put NeeKauNis Fees** in the message line of your email and in your message, your name, the name and year of the camp session, and the answer to your secret question. If you wish, you can mail your deposit cheque to Camp NeeKauNis c/o 91a Fourth Ave, Ottawa, ON K1S 2L1.

NeeKauNis Fee Memo (please bring this with you to Camp):

Name: _____
 Camp Session: _____
 Fees Subtotal: _____
 Deposit: _____
 Discounts:
 Early Bird before 31 May: _____ (-10%)
 Bring a new friend: _____ (-10%)
 Donation *: _____
 Fees Bursary Request **: _____
 Total _____

DONATIONS:

Thank you for your donation to Camp NeeKauNis. Camp NeeKauNis is owned by Canadian Yearly Meeting of the Religious Society of Friends (Quakers), a registered charity. Your donations help us maintain our infrastructure and support our Bursary Program.

****FEES BURSARY REQUEST:**

We can offer fee support once per season per registration. Your Monthly Meeting may also be able to provide additional financial support. Your Director will advise you about the amount of your fees bursary. Please consider how much you will be saving in grocery cost or child care and use that to guide your request.

I acknowledge the receipt of a bursary amount of _____.

Signed: _____

Director: _____

Dated: _____

Designation of Sponsor For Youths 16 to under 18 attending alone.

To be completed by Parents or Guardians of Participants from 16 years old to under 18, attending alone.

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 registration form.

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