

2017 St. Brigid's Summer Camp Registration Form (Page 1 of 2)



**REGISTRATION STICKER
FOR OFFICE USE ONLY**

Please complete this form carefully and legibly (preferably typed). Information on this form will remain confidential and will only be accessed by authorized staff to ensure the proper attention is given to the health and safety of your child.

Has your child attended St. Brigid's Summer Camp before? No Yes – When? _____

CAMPER INFORMATION

First Name: _____ **Last Name:** _____

Gender: Male Female **Date of Birth** (mm/dd/yyyy): _____ **Age at Camp:** _____

Address: _____ **City:** _____ **Prov:** _____ **Postal Code:** _____

School: _____ **Grade:** _____ **Family Doctor:** _____

Health Card # : _____ **Expiry:** _____ **Mother's Maiden Name:** _____

Swimming Level:

- Non-Swimmer
- Weak
- Intermediate
- Strong

Dietary Restrictions*:

- No Restrictions
- Vegetarian
- Lactose Intolerant
- Other: _____
- Vegan
- Gluten Free
- No Pork

Cabin Roommate Requests:

<i>Name</i>	<i>Age</i>
_____	_____
_____	_____
_____	_____

* Note: Due to the number of people at camp, our kitchen is not equipped to cater to all special diets and meal requests. In the event of an allergy (not a dislike) to certain foods, exceptions can be made with prior knowledge and arrangements.

PARENT / GUARDIAN / EMERGENCY CONTACT INFORMATION

In case of an emergency the primary contact (parent/guardian) will be notified[†]. Please provide two alternate contacts.

Primary Contact Name #1:

Alternate Contact Name # 2:

Alternate Contact Name #3:

Relationship: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Work Phone: _____

E-mail: _____

[†] Note: A parent/guardian must be available to pick up his/her child at camp in the event that the child needs to be sent home.

FOR OFFICE USE ONLY Tickets: _____ Donation: _____ Sponsor: _____ Notes: _____

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ALLERGY / MEDICATION INFORMATION

Does your child carry or wear an EpiPen, Inhaler, or Medical-Alert Bracelet? YES NO

While at camp, will your child be taking any medication – oral, injection, prescription or non-prescription? YES NO

Does your child have any allergies, including food, drug, insects or environmental/seasonal? YES NO

Would you like to speak with camp personnel regarding your child's medical condition(s)? YES NO

If you answered **YES** to any of these questions, please complete **APPENDIX A** to provide further details.

HEALTH / SPECIAL NEEDS INFORMATION

Does your child have any physical, mental, emotional or behavioural challenges that may affect his/her participation or integration into the camp program? YES NO

Does your child receive additional support at school? (e.g. EA support) YES NO

Should there be any restrictions of activities for your child? YES NO

Would you like to speak with camp personnel regarding your child's needs? (e.g. strategies) YES NO

If you answered **YES** to any of these questions, please complete **APPENDIX B** to better assist us in supporting your child at camp.

ACKNOWLEDGEMENT AND CONSENT – Please read carefully and sign below.

I confirm that I am the legal parent/guardian of _____ and give permission for my child to attend St. Brigid's Summer Camp. I certify that I have answered all the questions on this registration form truthfully and completely. I have read and agree with the Conditions of Registration for St. Brigid's Summer Camp.

I am aware that I must notify the Camp Office of any changes given on this registration form, including changes of address, e-mail, phone numbers, emergency contacts or any updates to medication or health information.

I accept full responsibility for my child while he/she is attending St. Brigid's Summer Camp or involved in any activities relating to the camp. I hereby authorize full participation by my child in all camping activities, except as specifically identified by me in this form. I understand that any pictures or videos taken at camp which include my child may be used for promotion by the camp and are the property of the camp.

By enrolling my child and signing this form, I give my consent to St. Brigid's Summer Camp to act as a kind and judicious parent toward my child for the period my child is at camp. I authorize the camp's medical administrator to administer routine over-the-counter medication or such other medication as I specifically provide. I authorize the medical administrator to provide such routine medical treatment as generally accepted medical nursing practice indicates. If I cannot be reached in the case of an emergency, I give my permission to the Camp Director or designate to secure proper treatment including medical care for my child.

I hereby release St. Brigid's Summer Camp, and any person employed by the camp, or acting on behalf of the camp, from any claim whatsoever arising out of my child's attendance at camp.

Parent/Guardian Name: _____ Relationship: _____

E-mail: _____

Signature: _____ Date: _____