

# 2020 St. Brigid's Summer Camp Registration Form (Page 1 of 2)



<b>REGISTRATION STICKER FOR OFFICE USE ONLY</b>	In preparation for the 2020 season we need to <b>raise more than \$400 for each camper who attends.</b>  <b>Please Help By Donating</b>
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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:** \_\_\_\_\_

<b>Swimming Level:</b> <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Weak <input type="checkbox"/> Intermediate <input type="checkbox"/> Strong	<b>Dietary Restrictions*:</b> <input type="checkbox"/> No Restrictions <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Other: _____	<input type="checkbox"/> Vegan <input type="checkbox"/> Gluten Free <input type="checkbox"/> No Pork	<b>Cabin Roommate Requests:</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><i>Name</i></td> <td style="text-align: center;"><i>Age</i></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<i>Name</i>	<i>Age</i>	_____	_____	_____	_____
<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

**Primary Contact E-mail (required):** \_\_\_\_\_

In case of an emergency, the primary contact (parent/guardian) will be notified. Note that this parent/guardian must arrange to pick up his/her child at camp in the event that the child needs to be sent home.

Please also provide two alternate contacts.

<b>1 - Primary Contact Name:</b> _____  <b>Relationship:</b> _____ <b>Home Phone:</b> _____ <b>Cell Phone:</b> _____ <b>Work Phone:</b> _____	<b>2 - Alternate Contact Name:</b> _____  <b>Relationship:</b> _____ <b>Home Phone:</b> _____ <b>Cell Phone:</b> _____ <b>Work Phone:</b> _____	<b>3 - Alternate Contact Name:</b> _____  <b>Relationship:</b> _____ <b>Home Phone:</b> _____ <b>Cell Phone:</b> _____ <b>Work Phone:</b> _____
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## 2020 St. Brigid's Summer Camp Registration Form (Page 2 of 2)

### ALLERGY / MEDICATION INFORMATION

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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

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

### HEALTH / SPECIAL NEEDS INFORMATION

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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

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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.

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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: \_\_\_\_\_