**Kintail On The Road - Camper Registration/Health Form**

Camper Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday (dd/mm/yy) \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Sex: M\_\_\_ F\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Guardian(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Hosting Kintail On The Road: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Kintail On The Road: \_\_\_\_\_\_\_\_\_

Parent or Guardianʼs Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_

EMERGENCY NUMBER IF PARENT OR GUARDIAN CAN NOT BE REACHED:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Every effort will be made to notify the next of kin if there is any situation requiring a doctor’s attention at the above listed numbers.***

Please list any medication needed while at camp:

**All medication must be turned into a designated church volunteer.**

|  |  |  |  |
| --- | --- | --- | --- |
| Illness/Condition | Medication | Dosage | Time of Day |
|  |  |  |  |
|  |  |  |  |

Does the camper have any known allergies? YES/NO If yes, please describe reaction and treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To care for your camper to the best of our ability, we need to know of any other physical, emotional or behavioural problems.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I understand that the camp will care for my camper with the given information on this form.***

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization: Registration will not be complete without an original signature below.**

In registering and permitting my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend Camp Kintail, I, the parent, guardian, or other duly authorized party, agree to the following:

1. I understand that, although every effort will be made to ensure my camper is sent home with all of his/her belongings, Camp Kintail and the host church are not responsible for loss or theft of belongings or money.
2. I understand that Camp Kintail reserves the right to cancel registration if the Health and Information Forms are not completed and if authorization is not signed by the parent/guardian.
3. I understand that Camp Kintail reserves the right to cancel my child’s participation in his or her camp session if her or her behaviour is deemed unmanageable or dangerous to her/herself, other campers or staff members of Camp Kintail.
4. I understand that Camp Kintail will not tolerate any violence by campers, volunteers, or our own staff. Any offenders will be sent home immediately.
5. Camp Kintail reserves the right to use photo or video images of campers for advertising purposes unless otherwise instructed.
6. I consent to the collection and storage of information about my children or my family. I understand that this information will be kept only in compliance with Camp Kintail’s Privacy Policy (found on the website), our “Leading with Care” Policy, and the regulations of The Presbyterian Church in Canada.
7. I understand that in the event that a camper requires special medication, x-ray, or treatment beyond that which is possible at the host site, every possible effort will be made to notify parents/guardians immediately. In case of medical emergency, the physician chosen by the KOTR Congregational Co-ordinator will hospitalize and secure proper treatment for the camper.
8. Unless I advise Camp Kintail otherwise in advance in writing, I approve my child’s participation in all of the camp’s programmes and activities.
9. I understand that every precaution is taken for the safety and good health of the campers, but in the event of an accident or illness, the Camp Director, Camp Staff, Camp Board and host congregation are hereby released from any liability.

Your signature below constitutes your permission for medical treatment as outlined and compliance with the conditions of enrolment.

Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child’s safety is important to us. For this reason, we will not release a camper to anyone other than his or her legal guardian or individuals specified below:

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_