

Camper Application & Health Information Form

Appropriate Camp Name

Send or deliver completed application form to Camp Director  
Kevin or Melissa Travis, 5555 - 4<sup>th</sup> 4<sup>th</sup> Avenue NE, Calgary, AB T2A 3X9  
melissatravis79@hotmail.ca

CAMPER'S NAME: \_\_\_\_\_

PARENT  GUARDIAN  \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE (home): \_\_\_\_\_ (work): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in Sept: \_\_\_\_\_

Attends Sunday School at: \_\_\_\_\_

COST FOR CAMP IS \$XX.XX

REFUND POLICY:

Refunds will be given only upon receipt of written cancellation received by The Rock Lake United Church Camp Society, at the above address, at least four (4) weeks prior to the start of camp. No refunds will be given for any cancellations received less than four weeks prior to the start of camp.

I, the undersigned, acknowledge and consent to the participation of my child in the United Church Junior Camp program being held by The Rock Lake United Church Camp Society (Insert appropriate dates) at Rock Lake Camp. Details concerning this camp, including activities, travel, leadership, location and safety features have been communicated to me and are understood.

Further, this is my permission for the Official-in-Charge or his/her designate to make arrangements for necessary surgical or medical attention in the event of serious illness or injury. If such attention is required, every effort will be made to notify the parent/guardian or responsible party.

I further understand that photographs and/or videos may be made of the camp and campers to be used for publicity purposes.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

NOTE: Please complete reverse side for Medical Information.

Medical Information:

Family Name (please print)	First Name (please print)
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Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ B.C. Health Care Card No: \_\_\_\_\_

Is the child presently under the care of a physician or receiving medical attention? Yes  No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Are the Camper's immunizations up-to-date \_\_\_\_\_  
\_\_\_\_\_

**PLEASE  
DO NOT  
SEND  
SICK  
KIDS  
TO  
CAMP**

Please list all known allergies (food, medication, bee stings, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any food restrictions: \_\_\_\_\_  
\_\_\_\_\_

Does the Camper have or has he/she had?:

Rheumatic Fever  Diabetes  Asthma  Epilepsy

Will you permit the Camp Nurse to administer light remedies, such as Tylenol, cough syrup, etc?:

Yes  No

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Please complete reverse side for Camper Personal Information.