

Cabin Leader Application & Health Information Form
(NOTE: If you are 18 or older - please complete an Adult Application Form)

2018 Rock Lake Junior Camp
July 20 through July 28, 2018

Send or deliver completed application form to Melissa or Kevin Travis
5555 - 4th Avenue NE, Calgary, AB T2A 3X9
rocklakecamp.bc@hotmail.com

APPLICANT'S NAME: _____

ADDRESS: _____

PHONE (h): _____ PHONE ©: _____ email: _____

Position Applied For: _____

Experience: _____

References: 1) _____

2) _____

Additional Information:

Why would you like to participate in our camp? _____

Our camp will be a Christian Camp. In what way do you feel you can make a contribution to the Christian community that is to be maintained throughout camp?

I understand that leadership positions have honorariums with meals and lodging provided. Leadership positions are subject to the approval of the Camp Director and The Rock Lake United Church Camp Society.

(Date)

(Signature of Applicant)

NOTE: Please complete reverse side for Medical Information.

Signature of Applicant

Date

Medical Information:

Family Name (please print)	First Name (please print)
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Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

B.C. or Alberta Health Care Card No: _____

Are you presently under the care of a physician or receiving medical attention? Yes No

If yes, please describe _____

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

Please list any food restrictions: _____

Do you or have you 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: _____

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 from July 20, 2018 through July 28, 2018 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. attention in the event of serious illness or injury.

Signature of Parent

Date

NOTE: Please complete reverse side for Cabin Leader Personal Information.