

Cabin Leader Application & Health Information Form

Camp Name and Dates

Send or deliver completed application form to Camp Director
Appropriate Address, Telephone Number

APPLICANT'S NAME: _____ PARENT _____

ADDRESS: _____ EMAIL: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE (home): _____ Age: _____ Grade Completed: _____

Have you taken our Cabin Leader Training course? Yes No

Experience: As a Camper (where/when): _____

As a Leader (where/when): _____

_____ Other

Experience/Training (pertinent to camp): _____

References: Please list two references for us to contact (include names, addresses, and phone numbers):

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 Cabin Leader)

NOTE: Please complete reverse side for Medical Information.

Medical Information:

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

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

Is the Cabin Leader 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: _____

Does the Cabin Leader 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: _____

**PLEASE
DO NOT
SEND
SICK
KIDS
TO**

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 (include dates). 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. I understand that, if such action is required, every effort will be made to notify the parent or guardian.

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

Signature of Parent or Legal Guardian _____
Date

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