

Cabin Leader Training Program Application & Health Information Form

Camp Name and Dates

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

CAMPER'S NAME: _____

PARENT GUARDIAN _____ EMAIL: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE (home): _____ (work): _____

Birth Date: _____ Age: _____ Grade entering in Sept: _____

Experience:

As a Camper (where/when): _____

Other Experience/Training (pertinent to camp): _____

Have you taken this course before?: _____ If so when?: _____

Why would you like to take our course?: _____

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, Cabin Leader Trainee places at camp are subject to the approval of the Camp Director and The Rock Lake United Church Camp Society and that, if accepted into the program I will have the status of a camper not that of a leader.

(Date)

(Signature of Junior Leader-in-Training)

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 _____

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

Please list any food restrictions: _____

Are immunizations up-to-date: _____

Does the Junior 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
CAMP**

I, the undersigned, acknowledge and consent to the participation of my child in the United Church Cabin Leader Training 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. I understand that cost for the camp is \$75. 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.

(Date)

(Signature of Parent or Legal Guardian)

NOTE: Please complete reverse side for Trainee Personal Information.