

Camper Application & Health Information Form

A TICKET TO ADVENTURE

Rock Lake Junior Camp 2019

July 21st through 27th, 2019

mail to: Camp Directors, Melissa or Kevin Travis

address: 5555 - 4th Avenue NE, Calgary, AB T2A 3X9

email: rocklakecamp.bc@hotmail.com



Camper's Name: _____

Parent Guardian _____ email: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone (home): _____

Phone (cell): _____ T-Shirt Size: _____

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

Attends Sunday School at: _____

REFUND POLICY:

Camp fees are \$75.00 for the six nights at camp. 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 from July 21, 2019 through July 27, 2019 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 page 2 for Medical Information.

Medical Information:

| | |
|----------------------------|---------------------------|
| Family Name (please print) | First Name (please print) |
|----------------------------|---------------------------|

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Clinic: _____ 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 _____

Is the camper's immunizations up-to-date _____

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 (Tylenol, cough syrup, etc?): Yes No

Other Comments: _____

PLEASE DO NOT SEND SICK KIDS TO CAMP

NOTE: Please complete page 1 for Camper Personal Information