

Adult 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: _____

ADDRESS: _____

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

Position Applied For: _____ at _____ Camp

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.

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 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. Further this is my permission for the Official-in-Charge or his/her designate to obtain the necessary surgical or medical attention in the event of serious illness or injury.

Signature of Applicant

Date

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