



The Salvation Army
BEAVER CREEK CAMP

**Mom's & Kid's Application – August 8-11,
2017**



Giving
Hope
Today

**One application per family
Health Form for each individual attending**

Please have all registrations to DHQ by
June 10th, 2017

I understand that without the completed application and health form my application is incomplete.

FAMILY	Mothers Name (first & last):			
	Home Address			Home Phone #
	City	Province	Postal Code	Cell Phone #
	Email address			Work Phone #

CHILD/REN		Please print				
First Name	Last Name	Age:	Boy/Girl	Birthdate: D	/M	/Y
First Name	Last Name	Age:	Boy/Girl	Birthdate: D	/M	/Y
First Name	Last Name	Age:	Boy/Girl	Birthdate: D	/M	/Y
First Name	Last Name	Age:	Boy/Girl	Birthdate: D	/M	/Y

Application cannot be accepted without Signature of Legal Guardian/Parent.

I accept the conditions outlined as stated in the CONDITIONS OF ENROLLMENT

Signature of Legal Guardian or Parent

CAMP FEES	Camp Subsidies are available – please request information. True Patriot Love Military Kids Bursary – please request information.
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Please check one: **Mom: \$150.00**
 Children: 0-3 years – \$35.00
 4-12 years – \$50.00

Total Cost: _____

To be completed by Corps / Ministry Unit

Camper subsidized – GST exempt Camper not subsidized – fee subject to GST

Ministry Unit Name: _____ Signature Designate _____

Payment by cheque:

Amount: _____ GST: _____ Total: _____ Cheque number: _____

FAMILY APPLICATION (Continued)

Please Print (Use separate application for each camper)

Mothers Name (first & last): _____

Language

Please indicate your child's first language, if other than English:

If your child's first language is not English, please indicate their proficiency in English.

Good

Poor

None

Permission

I give permission to Beaver Creek Camp to use any photograph or video footage my child is in for promotional materials or on our website and Facebook page. If you do not give permission, simply tick off this box.

It is The Salvation Army's intention to use your personal information to keep in touch with you throughout the year and to notify you of opportunities in children's ministries available near your place of residence. If you do not wish to be contacted, simply tick off this box.

Swimming – Must be completed

Can your child/ren swim?

Yes

No

What is level of instruction?

Other (please specify)

CUSTODY & RELEASE NOTATION

Is there a custody issue related to the child/ren? Yes No

If Yes, explain:

Will you permit other people to pick up your child(ren) from camp? Yes No

Please list people who have your permission to pick up your child(ren) from camp. Anyone picking up children will be required to show ID.

Conditions of Enrollment

1. The parents or guardians submitting this application, are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Beaver Creek Camp, including a photocopy of the section of any court order referring to visitation rights.
2. The Camp Director reserves the right to dismiss a camper without a refund who in their opinion, is a hazard to the safety or the rights of others, or who appear to have rejected the reasonable controls of the Camp.
3. Every precaution is taken for the safety and good health of the campers, but in the event of an accident or sickness I hereby release Beaver Creek Camp, its Directors, staff members, employees, The Salvation Army, volunteers, and support from all claims, demands, right of action, causes of action, present or future, whether the same be know, anticipated or unanticipated.
4. Campers with a contagious disease cannot remain at camp.
5. In the event that a guest requires prescribed medication at Beaver Creek Camp or requires special medication, transportation, X-ray or treatment beyond that which is possible at the Camp, the parents/guardian will be immediately notified and will be responsible for any additional expense.
6. In the case of surgical emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named on this application.
7. It is hereby acknowledged that Beaver Creek Camp shall not be liable for any damages arising from any personal injuries sustained by the parent/guardian or child in, on or about the lands and premises of Beaver Creek Camp or while engaged in or attending any classes, exercise, activities.



Health & Medical Form - 2017



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Today

The Salvation Army Beaver Creek Camp – Winnipeg Office: 204 – 290 Vaughan Street, Winnipeg, MB R3B 2N8
Phone: (204) 975-1033 Fax: (204) 946-9498

PLEASE NOTE:

*Before we can register your child, **this form must be completed, signed and sent along with your application form.**
Physician's report is not required but may be sent in addition to this form, if available.*

Camper Information

First Name	Last or Family Name
Home Phone:	Age: Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	Health Card Number

Emergency Contact Please complete as much as possible

Parent(s) or Guardian(s) Names :	Other Emergency Contact:
Home phone:	Home phone:
Work phone:	Work phone:
Cell phone:	Cell phone:
Fax:	Fax:
Email:	Email:
Family Physician:	Physician's Phone:

The Health History must be completed. For legal reasons this form needs to be filled out by the legal guardian or parent.
Incomplete forms will be returned and registration postponed until a completed form is submitted by the legal guardian.

Allergies Please indicate ALL ALLERGIES and give details or treatment – Please be specific!

Please specify what your child is allergic to:	Reaction (please specify)	Severity (mild, medium, severe)	Treatment/medication required
A) Medication:			
B) Foods:			
C) Insects:			
D) Environmental			
E) Other			

If allergies are severe:

- A) Does the camper carry an: Ana Kit? or EpiPen?
 B) Does the camper know how to use an: Ana Kit? or EpiPen?

Medication Please list ALL MEDICATION your child is taking / including Dosage and reason for medication:

Condition	Name of Medication	Dosage	When taken

Immunizations Have the following immunizations been received? Please indicate dates:

Chicken Pox	Tetanus only	Tuberculin neg
DPT (Diphtheria, Pertussis, Tetanus)	Hepatitis B	Tuberculin test-positive
Diphtheria	Measles/Mumps/Rubella	
(OR)TD (Tetanus & Diphtheria)	Polio	

HEALTH & MEDICAL FORM (Continued)

First Name	Last or Family Name
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Medical Profile	Please check the following that your child has experienced or is experiencing:
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- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Fainting | <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Surgery-recent |
| <input type="checkbox"/> Contagious disease | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Homesick tendency | <input type="checkbox"/> Serious injury-recent | <input type="checkbox"/> Other |
| <input type="checkbox"/> FAS / FAE | <input type="checkbox"/> Diarrhea /constipation | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Urinary tract infection - recent | |

Please attach a note giving details of the above if necessary and any additional information you feel the Camp Directors should know or that will require attention. If your child has a medical condition, we will need a letter from your Doctor stating the applicant is capable of attending.

Attached Note: **Yes** **No**

Please Note that campers cannot come to TSA Beaver Creek Camp with a contagious disease.

Head Lice: In our efforts to provide the best possible experience for all campers, it is imperative that parents / guardians check their children for evidence of lice prior coming to camp. Upon arrival, as part of the registration process, each camper will be checked for lice and provided treatment if necessary.

CAMPER PROFILE	We are interested in providing the best camp experience possible for your child. At TSA Beaver Creek, most of the activities take place outdoors. To assist us, please check which characteristics would best describe your child:
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- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Shy with others his/her age | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Makes friends easily | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Has difficulty keeping friends | <input type="checkbox"/> Nervous | <input type="checkbox"/> Easy going / happy | <input type="checkbox"/> Well coordinated |
| <input type="checkbox"/> Prefers passive activities | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Tires easily | <input type="checkbox"/> Athletically inclined |
| <input type="checkbox"/> Enjoys competitive sports | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Emotional | <input type="checkbox"/> Shy with adults |

To the best of my knowledge, my child is in good health. If my child is exposed to any **INFECTIOUS DISEASE** within **FOUR (4)** weeks prior to leaving for Beaver Creek Camp, I will notify the registration office.

I hereby give permission for my child to receive basic non-prescription remedies (i.e. Tylenol, cold medicine, Hydrogen Peroxide, Head Lice treatment, etc.) if deemed necessary by the Camp First Aid Provider.

I hereby give permission for my child to be administered prescription drugs by the Camp Nurse - as listed on the medical form.

If my child has a medical emergency I give permission to have the Camp Directors refer my child to hospital for treatment and to transport my child to the medical facility. I also understand that the Camp Directors will try to keep me informed of any emergency plans by phoning me either at home, work or other emergency contact as noted under Emergency Contact information.

Date: _____ Signature of Legal Guardian/Parent: _____

Date: _____ Signature of Officer / Designate: _____

FOR CAMP USE ONLY

Date: _____ Diagnosis _____

Treatment _____

Parents Notified? Yes: By Phone By letter Date: _____

Comments: _____

Parents not notified: Comments/Reason: _____

Nurse signature: _____

Camp Director signature: _____