



ADVENTURE CAMP B - 2018

Please have all REGISTRATIONS to DHQ by JUNE 9th, 2018.



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I understand that without the completed application and health form my application **WILL NOT** be processed.

Please Print in black ink

CAMPER	First Name		Last or Family Name			
	Age at Time of Camp	School Grade Completed (June 2018)	Male <input type="checkbox"/>		Female <input type="checkbox"/>	
	Camper email:		Birthday Day	Month	Year	
	Home Phone:		T-Shirt S <input type="checkbox"/>	Youth M <input type="checkbox"/>	Sizes L <input type="checkbox"/>	XL <input type="checkbox"/>
			T-Shirt S <input type="checkbox"/>	Adult M <input type="checkbox"/>	Sizes L <input type="checkbox"/>	XL <input type="checkbox"/>

Camp	Date	For Geographical location listed:	Cost	Age
Adventure B	July 23-27	Prince Albert	\$235	7-12
		Meadow Lake		
		NE Circuit (Melfort, Nipawin, Tisdale)		
		Regina		

FAMILY	Parent(s) or Guardian(s) Names			
	Home Address			Home Phone:
	City	Province	Postal Code	Cell Phone:
	Email address:			Work:
	Social Worker			Agency phone:
	Agency Name			Agency cell phone:

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	\$235.00 Adventure Camp Camp Subsidies are available – please request information. True Patriot Love Military Kids Bursary – Please request information.
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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: _____

ADVENTURE CAMP B (Continued)

Please Print (Use separate application for each camper)

First Name		Last or Family Name	
Information			
Has applicant previously attended TSA Beaver Creek Camp?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What Years?
Cabin Mate Request	Name	Age	Gender
<i>Note: Cabin mate requests are only accommodated if your cabin mate is the same age/gender and you both requested one another.</i>			

What was the deciding factor in choosing The Salvation Army Beaver Creek Camp?

Permission

I give permission to The Salvation Army Beaver Creek Camp to use photography or video footage of my child at camp for promotional materials or on our website and Facebook page. (www.beavercreekcamp.ca).

No Yes Initial _____

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

Swimming – Must be completed

Can your child swim?

Yes

No

What is level of instruction have they completed?

Other (please specify):

CUSTODY & RELEASE NOTATION

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

If Yes, explain:

Will you permit other people to pick up your child from camp? Yes No Initial _____

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

Conditions of Enrollment

- 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 TSA Beaver Creek Camp, including a photocopy of the section of any court order referring to visitation rights.
- The Camp Directors 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 appears to have rejected the reasonable controls of the Camp.
- 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 TSA 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 known, anticipated or unanticipated.
- Campers with a contagious disease cannot remain at camp
- In the event that a guest requires prescribed medication at TSA 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.
- 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.
- It is hereby acknowledged that the parent/guardian leave the child with TSA Beaver Creek Camp at their own risk and that TSA Beaver Creek Camp shall not be liable for any damages arising from any personal injuries sustained by the child in, on, or about the lands and premises of TSA Beaver Creek Camp or while engaged in or attending any classes, exercise, activities.



Health & Medical Form - 2018



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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:

- | | | | | |
|---|---|--|---|---|
| <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:

- | | | | |
|---|--------------------------------------|---|--|
| <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: _____