

Camper Application Form

Please complete and mail before June 15, 2008. Camps are filled as applications arrive.
(If space allows, applications after June 15 may be considered.)

Name: _____

Male _____ Female _____

Address: _____ PO Box _____

Town/City _____ Postal Code _____

Telephone: _____

E-Mail Address: _____

Date of Birth: _____

Church Affiliation (if applicable) _____

Please enroll in:

___ Scamp Camp (July 6-11) (6 & 7 Yrs.)

___ 1st Junior (July 13-18) (8-10 yrs.)

___ 2nd Junior (July 20-25); (8-10 yrs.)

___ 1st Intermed. (July 27-Aug 1) (11-13 yrs.)

___ 2nd Intermed. (Aug 3-8) (11-13 yrs.)

___ Senior Canoe Trip Camp (August 3-8) (14-16 yrs, Swimmers only)

Can camper swim? ___ not at all; ___ beginner; ___ intermediate; ___ senior.

In case of emergency, contact:

Telephone 9:00 - 5:00: _____ After hours _____

Parent or Guardian: (please print)

Comments (It is helpful for us to know the camper's home situation: two parent/single parent/step-parent/foster parent, and/or any special physical or emotional needs: eating disorders, bed wetting, fears etc., and/or any concerns you or your child may have about staying at camp: allergies, being teased etc. Anything that might help us make your child's camp experience a positive one. Please use back of page if necessary. This information is for staff use only and will be kept strictly confidential):

.....

Photo & Video Waiver

I grant the right to use photos of me taken at Camp Lorrain by The United Church of Canada for the production and the promotion of Camp Lorrain, United Church Camping and Connections (National Camping Conference) in all media including, without limitation, audio visual, print and web formats, and in connection with the advertising, sale, and publicizing of any such use, including digital.

(Please print full name for credit line)

Name of Camper: _____

Date: _____

Signature of Guardian: _____

(Please note: If this waiver is not signed group photos will not include your child.)

Please complete the registration and medical forms in full and send to the Camp Lorrain Registrar at the address below with your cheque for \$200 for Scamp Camp/Senior Canoe Trip Camp or \$250 for all other Camps, or a cheque for \$50 and a postdated (no later than June 30th) cheque for the balance.

(Please note that should your child not attend camp, all but \$50.00 will be refunded unless the camp is cancelled then a full refund will be made.)

Camp Lorrain Registrar

P.O. Box 582,

Cobalt, ON

POJ 1C0

Please make cheques payable to Camp Lorrain

Please note that payment in full must be made before June 30th unless arranged otherwise with the Registrar Anne Chaput at 705-672-2665! This is a new procedure to avoid having large amounts of money on site.

CAMPER MEDICAL FORM

Camper's Name: _____

Health Card Number: _____

Family Doctor: _____

Family Doctor's Address: _____

Postal Code _____ Telephone _____

E-Mail Address (optional) _____

Parent or Guardian Please Complete the Following (please print)

Is camper immunized? (Please check)

Tetanus _____ Date: _____ Polio _____ Date: _____

MMR _____ Date: _____ Diphtheria _____ Date: _____

Allergies? Bee, wasp or hornet sting _____ Penicillin _____ Other drugs _____ Animals _____
Foods (Please List)

Carries ANA kit: yes ___ no ___ Carries Epi-pen: yes ___ no ___

Describe any physical or emotional characteristics that may be useful knowledge for the camp health care staff:

Describe any treatments or special medications to be given at camp:

List any restrictions to camp activities:

To the best of my knowledge this camper is in good health and able to participate in all camp activities. (Signed by parent or guardian)

Does camper use medically prescribed earplugs? Yes ___ No ___

Is your child a bed wetter? Yes ___ No ___ Sometimes ___

Does your child have any diagnosed learning disabilities (i.e. ADD/ADHD or Autism)?

Yes ___ No ___ If yes please describe the condition and we will try to accommodate it:

Send prescription drugs in a pharmacy container with the name of camper, medication, and dosage information clearly visible. These are to be given to camp nurse on arrival.

Name of medication: _____

When administered: _____

Allergies:

Medical conditions:

Can camper have _____ Tylenol or _____ Motrin, if necessary?

As a parent or guardian, I hereby authorize the camp director(s) or nurse to secure medical services as may be deemed necessary for the health and safety of my child (ward).

Signature of parent or guardian _____

Date _____

To the best of my knowledge, all the above information is correct.

Signature of parent or guardian:

Date:
