

# Canoe Out-Trip 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 me in:

\_\_\_ Camp Lorrain Canoe Out-Trip Program for ages 14-16 from August 3 - 8, 2008

**Note: Camper must be a swimmer.**

Please check swimming skills: \_\_\_ not at all; \_\_\_ beginner; \_\_\_ intermediate; \_\_\_ senior.  
Please check canoeing skills: \_\_\_ not at all; \_\_\_ beginner; \_\_\_ intermediate; \_\_\_ senior.  
Please describe any canoeing experience (if any):

**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):

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**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 , or a cheque for \$50 and a postdated (no later than June 30<sup>th</sup>) 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 30<sup>th</sup> 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:

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*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:**

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**Medical conditions:**

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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:

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Date:

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