

Registration Form

Finnish Bethel Church

Loon Lake Camp | August 11 - August 15, 2019

1 Camper Information

Name		Date of birth (mm/dd/yyyy)	Age
Gender	BC Services/Care Card number	Allergies? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, please provide details on page 2.</i>	
Address		Medications? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, please provide details on page 2.</i>	
City		Postal code	

2 Emergency Contacts

Parent/Guardian name	Relationship to camper
Main phone	Alternate phone
Email	
Parent/Guardian name	Relationship to camper
Main phone	Alternate phone
Emergency contact name (other than above)	
Relationship to camper	Phone
Name of medical doctor	Phone

3 Child History

Indicate Yes or No to the following questions. If you mark Yes, provide details.

Does your child:

<p>Have any medical conditions, e.g. asthma? <input type="radio"/> Yes <input type="radio"/> No</p> <p>List signs, symptoms, and care plan:</p>	<p>Have any allergies to food, medication, and/or the environment? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do the allergies require medication? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Take medication? <input type="radio"/> Yes <input type="radio"/> No Include type, dosage and times of self-medication:</p> <p>Medication(s) will be kept _____ and be administered by _____.</p>	
<p>Have any behaviour plans or strategies that we should adopt? <input type="radio"/> Yes <input type="radio"/> No If yes, provide details.</p>	
<p>Have any limitations that would prevent them from participating in activities? <input type="radio"/> Yes <input type="radio"/> No If yes, provide details.</p>	
<p>Know how to swim? Choose one: <input type="radio"/> Never swam <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced</p> <p>Indicate your child's highest swimming lesson level completed: _____</p>	<p>Any fears that counselors should be aware of? <input type="radio"/> Yes <input type="radio"/> No</p>

List any family information or special instructions that the counselors should be aware of.
Provide any other comments or concerns.

4 Parent/Guardian Authorization

I, _____, hereby state that anyone on the list below is permitted to pick up my child, _____, if necessary.

Name	Relationship to camper
Name	Relationship to camper
Name	Relationship to camper

I have arranged for _____ to pick up my child from Loon Lake Camp on Thursday, August 15, 2019.

Parent/Guardian signature

Date (mm/dd/yyyy)

Cost: \$325.00 (Please make cheques payable to Finnish Bethel Church)

IMPORTANT: Waiver form on following page must be signed.

**Finnish Bethel Church: Loon Lake Camp
Waiver Form**

I/We authorize the administration of any common over-the-counter medications (i.e. Tylenol, Benadryl, etc.) and/or first aid treatment necessary at Loon Lake Camp by camp staff. In the event of an accident or illness, I/We authorize the physicians and hospital staff to carry out any examination and treatment deemed necessary and advisable for the diagnosis and treatment of my child, and I agree to pay for all services as may be required.

Parent/Guardian signature

Date (mm/dd/yyyy)

Camp programs are filled with physical activity and in spite of adequate and safe supervision it is possible for accidents and injuries to occur. By signing below, I/We agree that this activity is suitable for my child.

I/We the parent(s) or legal guardian(s) of _____, release the Finnish Bethel Church and UBC Loon Lake Camp, together with the adults in charge, and volunteers, from any and all liability and claims resulting from injury, loss, or damage that may be sustained by my child.

Parent/Guardian signature

Date (mm/dd/yyyy)