

SURPRISE LAKE CAMP

REGISTRATION

This I

Campers Name: _____

Phone #: _____

Email: _____

Address: _____

Town, PC: _____

Date of Birth: _____ Age: _____

Grade Completed: _____ Boy/ Girl

Child camped at SLC before: Y N

Mark the camp child will attend

Beaver Beginner

Junior Youth

Leadership Theme

Swimming Level _____

I have room in my car for other campers Y N

I will be arriving by bus at _____ time

Names and camps of other siblings attending

PARENT INFORMATION

Name _____

Phone # _____

Work/ Cell # _____

Payment Information

Check what is applicable

Deposit of \$25.00 Full Payment

Cheque # _____ Money Order

Donation \$ _____

I am interested in volunteering at the camp

I am interested in being on the Board of Directors

I am interested in information about adopting a cabin

I am interested in getting email updates at the above address

This Information is collected in accordance Freedom of Info and Protection of Privacy Act. Is only released to Camp Directors and First Aid Staff.

AHC# _____

Dr. Name _____

Dr. Phone # _____

Is your child on medication Y N

All medication must be in original container labeled with type, dose and child's name. Please list any medications with when and how to administer, affects of medication. List any behavioral concerns or conditions that your child has. _____

Allergies(food or medication) _____

Emergency Contact

Name _____

Relationship to child _____

Hm Phone # _____

Wk/ Cell # _____

In case of a medical emergency every effort will be made to contact the parent or guardian, then the emergency contact. In the event that I can not be reached I give SLC staff permission to administer First Aid and/or transport to Hospital to receive treatment as required. I understand that my child may be transported and I hereby waive my right and that of my child to any claim against the SLC camp, staff, board or volunteers.

FOIP I consent that my child's picture may be used in media or promotional material for SLC.

Return To:

Lillian Tabak

Box 185, Darwell

Alberta, T0E-0L0

Signature _____

Parents

Date