

SURPRISE LAKE CAMP  
2010 REGISTRATION

Campers Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Town, PC: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Boy / Girl

Child camped at SLC before: Yes No

**Mark the camp child will attend**

\_\_\_\_ CIT \_\_\_\_ Beaver \_\_\_\_ Family

\_\_\_\_ Beginner \_\_\_\_ Junior \_\_\_\_ Youth

\_\_\_\_ Theme

Swimming Abilities \_\_\_\_\_

**I have room in my car for other campers**

Yes No

**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 \$50.00 \_\_\_\_ Full Payment

\_\_\_\_ Cheque # \_\_\_\_\_ \_\_\_\_ Money Order

\_\_\_\_ Donation \$ \_\_\_\_\_

\_\_\_\_ *I am interested in volunteering at camp*

\_\_\_\_ *I am interested in being part of the*

*Surprise Lake Society*

\_\_\_\_ *I am interested in information about*

*adopting a cabin and other programs*

\_\_\_\_ *I am interested in getting email updates*

*at the above address*

**Return To:**

**Betty Bowman**

**P.O. Box 6403**

**Edson, AB**

**T7E 1T8**

(780) 712-4091

This Information is collected in accordance with the Personal Information Protection and Electronic Documents Act. This 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. Children with severe handicaps and behavioral issues must be accompanied by an aide.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (food or medication) \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Hm Phone # \_\_\_\_\_

Wk/ Cell # \_\_\_\_\_

In case of an emergency every effort will be made to contact the parent or guardian, then the emergency contact. In the event that I cannot 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 SLS camp, staff, board or volunteers.

\_\_\_\_\_  
**Parents Signature**

\_\_\_\_\_  
**Date**