

# SNOW CAMP REGISTRATION AND MEDICAL FORM

SNOW CAMP #1

SNOW CAMP #2

SNOW CAMP #3

Camper Name: \_\_\_\_\_

Group attending with (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Sex:  M  F      Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (DD,MM,YYYY)

Parent Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_

Camper Health Card No. \_\_\_\_\_ Version Code \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Is the camper on any medications?  Yes  No (if yes, please indicate below)

Medication	Dosage Information	Reason for Medication

Please indicate any physical, emotional, or behavioural concerns that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, the above information is complete and my child is in good health. I will notify the camp if any of the above information should change. I also understand that every effort will be made to contact parents or guardians in case of an emergency. I hereby give the camp director the right to arrange for any special service, medical or otherwise, that is required in the best interest of the camper and accept responsibility for the payment of such services. I also understand that the camp director may send a camper home, at the parent's expense, if the child's behaviour is deemed not to be in the best interest of the camp program and the other campers. While every precaution shall be taken to ensure the welfare and protection of each camper, New Life Camp, its directors, and its staff members are hereby released from any liability in the event of any accident or misfortune.

Promotional pictures will be taken during camping sessions. If you do not want photos of your child used, please inform the camp in writing prior to the beginning of camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Snow Camp begins Friday night at 8:00 p.m. and finishes Sunday afternoon at 1:00 p.m. Pre-registration is required, as space is limited. If you are planning to attend, please complete this registration form and return to:*

New Life Camp  
473289 Camp Oliver Rd. RR#1 Priceville, ON N0C 1K0  
519-369-3366 | director@newlifecamp.ca