

Camp Grafton Registration (2010)

Please ensure that all information on the form is correct and complete. This form must be filled out by the camper's parent or legal guardian.

Complete a separate form for each camper.

Camper's Given Name:
 Camper's Last Name:
 Camper's Gender: Female Male
 Birthday [mm/dd/yr]:

Register for Which Camp?

- Leader in Training (ages 14-16) June 27 - July 2
- Junior (ages 8-10) July 4 - 9
- Intermediate Camp I (ages 11-13) July 11 - 16
- Junior & Intermediate (ages 8-13) July 18 - 23
- Senior (ages 14-16) July 24 - 29

How will you be paying?

- Cheque, mailed to Camp Grafton Society, P.O. Box 602 Station Main Kamloops B.C. V2C 5L7
- Paypal: please add 3.5% to the total fee (email payment to colleen@springfordlaw.com)
- Other, please specify:

Camper's Health Card Number:

Camper's Doctor:

Doctor's Phone Number:

Does the camper require a special diet? Explain below:

Is the camper immunized against tetanus? Yes No

Does the camper have any known allergies? Explain below:

Medications and dosages required while at camp:

Please check the non-prescription medications that can be given to the camper as needed:

<input type="checkbox"/>	Tylenol	<input type="checkbox"/>	Ibuprofen
<input type="checkbox"/>	Gravol	<input type="checkbox"/>	Benadryl
<input type="checkbox"/>	Calamine Lotion	<input type="checkbox"/>	Afterbite

Is the camper susceptible to: Colds, strep throat, bed wetting, asthma, bronchitis, fear of the dark, sunstroke, fainting, sleepwalking, nosebleeds, hyperactivity, headaches, motion sickness, emotional

outbursts, or any other physical or psychological condition that may require the staff's attention or limit the camper's activities? Provide details:

Parent#1/Legal Guardian Full Name:

I'd like to receive Camp Grafton news via email Canada Post

Mailing Address:

Email Address:

Area Code & Day Phone Number:

Area Code & Evening Phone Number:

Parent#2/Alternate Contact Full Name:

Email Address:

Area Code & Day Phone Number:

Area Code & Evening Phone Number:

Any Other Information or Requests:
(Especially others authorized to pick up camper)

Please Note: Camper online registration comes with conditions that parents/ guardians must be aware of. Please read these carefully; submission of this form to the Camp Grafton Society constitutes understanding and acceptance of these conditions. Complete a separate form for each camper.

- i. Registration is only complete and acceptable when your payment has been received. A nonrefundable deposit of \$50 CDN is required within 72 hours of sending the form. Your registration will be confirmed upon receipt of full payment. Tax benefit: Camp fees qualify as a child care expense for those who qualify for child care tax benefits. Camperships: Financial assistance is available. Apply as you normally would, but contact the registrar.

ii. Release and Consent

I, the parent or guardian of the camper named below, do hereby release and discharge the CAMP GRAFTON SOCIETY and its employees, volunteers, and all its members from all actions, causes of actions, claims, demands, and suits howsoever arising which I may hereafter have arising out of the attendance of my child at CAMP GRAFTON in accordance with this application and I hereby indemnify and save them harmless for any damages arising out of such actions, claims, demands, or suits. By submitting this application, I acknowledge the element of risk involved in which my child participating in activities carried out at CAMP GRAFTON and declare that I am satisfied that all reasonable precautions will be taken by agents of the CAMP GRAFTON SOCIETY to minimize such risks.

I hereby declare that to the best of my knowledge my child is in good health and is not being treated for any medical condition(s) which would restrict his/her participation in the physical activities to be conducted at CAMP GRAFTON except as stated below on this form. I further confirm that I will supply any medications, including pain killers or treatment for insect bites which my child may require, together with written instructions as to the use of such medications. I hereby consent to medical treatment on behalf of my child as determined by a physician(s) engaged by CAMP GRAFTON SOCIETY in the event that I cannot be contacted in an emergency.

iii. I agree that pictures of my child at camp may be taken for promotional purposes, but understand that the pictures will not be identified with the child's name.

I have read and understand and agree to the above:

Signature of Parent/Guardian_____ Date _____