



Camp dates - Aug 12 - 16 (Mon - Fri) Ages 7-15

Cost of camp is based on family income

Email completed form to: donald.halsey@salvationarmy.ca

Adventure Camp Registration Form

Camper Name: _____

Ministry Unit: Scarborough

Birthdate (mm/dd/yyyy): _____ **Gender:** Male ___ Female ___

Shirt size: _____ **Grade:** _____ **Parent email:** _____

(Specify Adult or Youth sizing)

Household Form Information

Family Status:

If child has a second home please provide additional information

Household Information	Secondary Household (shared custody)
Parent/Guardian Name(s):	Parent/Guardian Name(s):
Phone: Cell: Work:	Phone: Cell: Work:
Address:	Address:
City: Postal Code:	City: Postal Code:

Emergency Contact(s) Mandatory, cannot be either of the names listed above.

Name(s): Relationship to Child:
Home Phone: Cell Phone: Work Phone:
Name(s): Relationship to Child:
Home Phone: Cell Phone: Work Phone:

Medical Form

Medical information must be provided for every child to attend camp. It is essential for Ontario Camping Ministries to have the child's current health information, in order to be able to ensure the safety and well-being of campers during their time at camp.

Allergies and Dietary Restrictions	Y/N	If yes, please explain
Does the child have any allergies?		
Does the child require an Epipen?		If the child requires an Epipen please provide 2 non expired Epipens. One for the first aid station and one to be kept with the camper.
Does the child have any dietary restrictions?		

Medications and Treatments	Y/N	If yes, please explain.
Will the child be taking any medications at camp?		Please include medication name, dose, time(s) taken and reason for taking and any notes on giving this medication.
Will the child require any treatments at camp?		
Does the child regularly take any medications that will not be taken at camp?		Please include medication name, reason for taking and reason child will not be taking the medication.

Over the Counter Medications	Y/N	Please explain any exceptions.
May over-the-counter medications be given to your child while at camp?		

Immunizations	Y/N	If yes, <u>most recent immunization date required</u>
Diphtheria		
Tetanus		
Pertussis		
Polio		
Hib		
Pneumo Conjugate		
Measles, Mumps, Rubella		
Men C Conjugate		
Varicella		
Hep B		

Family Doctor Information/ Health card	
Please list family doctor name and phone number	
Please provide Health card number This is Not required, but recommended	

Health History. Please indicate if the child has any experience with the following:	Y/N	If yes, please be sure to fully explain any conditions the child is currently experiencing
ADD/ADHD		
Asthma/Inhaler		
Bedwetting		
Behavioral Issues		
Autism		
Anxiety		
Fetal Alcohol Syndrome		
Other (please share any relevant information about the camper)		

Waiver

The Camp Director reserves the right to dismiss a camper who, in the Director's opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp or is a hazard to the safety and rights of themselves or others. This includes but is not limited to threats, fighting, refusal to be in program, attempts to run away. In the case of a camper dismissal the parent(s) will be contacted, and arrangements made for pickup of the child. If the parent is unable to pick up the child, the ministry unit will be contacted for assistance. The camp will only transport a camper home in a last case scenario.

The parent/guardian certifies that the applicant camper is normal in condition and habits and is amenable to necessary discipline. Failure to disclose problems at time of application could result in dismissal.

The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Ontario Camping Ministries, including a photocopy of the section of any court order referring to visitation rights.

Liability: Care is taken for the safety and good health of campers, but in the event of any loss, illness, injury, or damage whatsoever suffered by or in relation to my child, The Salvation Army Ontario Camping Ministry, its officers, employees, agents, and volunteers are hereby released from any liability. The Salvation Army Ontario Camping Ministry is not responsible for damage or loss of personal property.

Medical Treatment: Each Camper must have Provincial or equivalent medical coverage. In case of a surgical emergency, the parent(s)/guardian(s) give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery to the camper. In the event that the camper requires special medication, x-ray or treatment beyond that which is available at camp the parent(s)/guardian(s) will be notified promptly and will be charged for any additional cost involved for transportation or special care. Should attempts to contact the parent/guardian fail, the Camp Director or his/her representative is authorized to act at their discretion for the welfare and safety of the Camper.

Head Lice: In our efforts to provide the best possible experience for all our campers it is imperative that all campers are checked for evidence of lice just prior to coming to camp. On opening day as part of our registration process, each camper will be checked for lice. Ontario Camping Ministries Guideline is that all campers must be lice free and nit-free. Campers who arrive with lice will be treated (lice shampoo applied and have the nits and lice picked out). If OCM is unable to treat the lice campers may be sent home, as campers cannot enter program without treatment. Where treatment should not be given to a camper, contact must be made with the Camping Office PRIOR to their arrival at camp.

Privacy: All video, photographs taken by The Salvation Army Ontario Camping Ministry are the property of The Salvation Army Ontario Camping Ministry and may be used for promotional purposes. No personal information will be used for promotional purposes. Where pictures should not be taken, arrangements should be made with the Ontario Camping Office 905-722-5751.

Parent/Guardian Signature: _____ Date: _____