Hosted by Gale Presbyterian Church 10 Barnswallow Dr. Elmira and Camp Kintail

**Monday August 20, 2018 to Friday August 24, 2018 9:00 am till 3:30 pm**

Full Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year Month Day

What size t-shirt do you wear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you attend last year? Camper? \_\_\_\_Volunteer?

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

Parent/guardian/caregiver Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the number where parent/guardian may be reached when program is taking place.

Mother Home/residence phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Home/residence phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Contact person (not parent)** in case of emergency and parents/caregivers cannot be reached:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Every effort will be made to notify the next of kin if there is any situation requiring a doctor’s attention at the above listed numbers.***

Please list any medication needed while at camp: **All medication must be turned into a designated church volunteer.**

|  |  |  |  |
| --- | --- | --- | --- |
| Illness/Condition | Medication | Dosage | Time of Day |
|  |  |  |  |
|  |  |  |  |

Do you have any known allergies? YES/NO If yes, please describe reaction and treatment.

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

Are there any other physical, emotional or behavioural problems we need to know about you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Health card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I agree to the following as a Jr Volunteer for KOTR:

1. I understand that, Camp Kintail and the host church are not responsible for loss or theft of belongings or money. I am responsible for all of my personal items that I bring.
2. I understand that I am to participate fully and be with my group of campers during the day. If I am not helping and being more of a concern I may-be asked to not return as a volunteer.
3. I understand that Camp Kintail will not tolerate any violence by campers, volunteers, or our own staff. Any offenders will be sent home immediately.
4. **Camp Kintail and Gale Presbyterian Church reserve the right to use photo or video images of campers for advertising purposes unless otherwise instructed.**
5. I understand that every precaution is taken for the safety and good health of the volunteers, but in the event of an accident or illness, the Camp Director, Camp Staff, Camp Board and host congregation are hereby released from any liability.
6. I am going to come and have fun!

Your signature below constitutes your permission for medical treatment as outlined and compliance with the conditions of enrolment.

Jr Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your safety is important to us. For this reason, how will be you arriving and leaving each day? Can you come and leave on own? Parents? Friends or other family? List below

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

***\*\* Please Note we will have a limit of Jr. Volunteers we can accept to help during this week\*\****

***\*sign up asap\****

***Please return pages 1 & 2 and keep this for your information***

***Theme: The Water of Life***

**Monday, August 20, 2018 to Friday August 24th, 2018 9:00 am till 3:30 pm**

* Please wear your volunteer t-shirt every day.
* Volunteer required to bring **labelled water bottle**. They will receive the snacks the children receive as well as **LUNCH** will be provided each day
* There will be a family event Thursday August 23rd evening (more details to follow) as well as a Pizza Dinner together for all Jr. Volunteers
* Closing camp fire families are invited to attend on Friday August 24th at 2:50pm
* We will have a few days with water games, volunteer will need to bring clothing or bathing suit and towel to get wet in!