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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( **from completion of JK to grade 6 only)**

 Year Month Day

What size t-shirt does your child wear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did your child attend last year? \_\_\_\_\_\_\_\_\_

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 |
|  |  |  |  |
|  |  |  |  |

Does the camper 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 to care for your camper?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Authorization: Registration will not be complete without an original signature below.**

In registering and permitting my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend KOTR/Camp Kintail, I, the parent, guardian, or other duly authorized party, agree to the following:

1. I understand that, although every effort will be made to ensure my camper is sent home with all of his/her belongings, Camp Kintail and the host church are not responsible for loss or theft of belongings or money.
2. I understand that the Church Co-ordinator/Camp Kintail reserves the right to cancel registration if the Health and Information Forms are not completed and if authorization is not signed by the parent/guardian.
3. I understand that Camp Kintail staff /Church Co-ordinator reserves the right to cancel my child’s participation in his or her camp session if his or her behaviour is deemed unmanageable or dangerous to him/herself, other campers or staff members of Camp Kintail or Volunteers of KOTR.
4. I understand that Camp Kintail will not tolerate any violence by campers, volunteers, or our own staff. Any offenders will be sent home immediately.
5. **Camp Kintail and Gale Presbyterian Church reserve the right to use photo or video images of campers for advertising purposes unless otherwise instructed.**
6. I consent to the collection and storage of information about my children or my family. I understand that this information will be kept only in compliance with Camp Kintail’s Privacy Policy (found on the website), our “Leading with Care” Policy, and the regulations of The Presbyterian Church in Canada.
7. I understand that in the event that a camper requires special medication, x-ray, or treatment beyond that which is possible at the host site, every possible effort will be made to notify parents/guardians immediately. In case of medical emergency, the physician chosen by the KOTR Church Co-ordinator will hospitalize and secure proper treatment for the camper.
8. Unless I advise KOTR/Camp Kintail otherwise in advance in writing, I approve my child’s participation in all of the camp’s programmes and activities.
9. I understand that every precaution is taken for the safety and good health of the campers, 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.

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

Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child’s safety is important to us. For this reason, we will not release a camper to anyone other than his or her legal guardian or individuals specified below:

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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**

* Cost $65.00 per child includes two snacks per day and a t-shirt.
* Please have your camper wear their t-shirt every day.
* Child is required to bring a labelled **peanut free** lunch each day and a **labelled water bottle**.
* Please include registration fee of $65 – posted dated to June 15. Not refundable after June 15.
* Registration will not be processed without the registration fee. It is required for your child’s spot in the program to be saved. We will be having a cap on registrations so submit your registration early.
* There will be a family event Thursday August 23rd evening (more details to follow)
* Closing camp fire families are invited to attend on Friday August 24th at 2:50pm
* We will have a few days with water games, children will need to bring clothing or bathing suit and towel to get wet in!