

Kingswood Camp Registration Form - March Break LIT Training Camp

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Please print clearly, filling out all sections of the Registration Form

CAMPERS FULL NAME (first - middle - last) _____ BIRTHDAY (d/m/y) _____ GRADE FINISHING _____ M _____ F _____

MAILING ADDRESS _____ TOWN / CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ ALTERNATE PHONE OR CELL PHONE _____ EMAIL ADDRESS _____

PROVINCIAL HEALTH CARD NUMBER _____ EXPIRY _____

FAMILY DOCTOR _____ DOCTOR'S PHONE _____ DOCTOR'S ADDRESS _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____

Registration Fee \$120 Registration Deadline Friday, March 5, 2010

\$50 of the registration fee is due with this form and is a non refundable deposit. You may also pay in full now if you wish. The remainder of the registration fee is refundable if you cancel at least 24 hours before the camp check-in time.

I am enclosing with this registration form my payment of: \$ _____ leaving a balance owing of: \$ _____
Please make all cheques or money orders payable to "Kingswood Camp"

Important Information

MEDICATIONS: All campers need to complete a Medical Form, regardless of current health status. Be sure to include a list of all regular medications including all allergy or emergency medications. When arriving at camp, all medications (prescription and over the counter) must be given to administration, who will oversee distribution at the appropriate times during camp. All medications will be secured in a locked cabinet at all times. **IMPORTANT!!!** ALL Prescription Medications brought to Kingswood Camp **MUST** be in their original pharmacy dispensed packaging with all labels, doctors instructions and contact information fully intact. All Over The Counter Medications should also be in original packaging for clear identification.

FIRST AID: Your child will receive *first aid* and *over the counter medications* to treat minor bumps and scrapes, or symptoms of colds, headaches, fevers, upset stomach, sore throat or allergies he/she may experience during camp. If further treatment is required you will be contacted. In case of emergency the Camp Director may contact 911. Please be advised that *Kingswood Camp is unable to provide campers any transportation home, to a doctor, hospital or for medical services.*

SPECIAL NEEDS: Please include on the Medical Form, information pertaining to any special needs, medical or behavioural conditions that we should know about, including allergies and dietary needs. All information is kept strictly confidential. You may be contacted in advance by camp staff to discuss and clarify any special arrangements that may need to be made in order to make your child's stay at camp more comfortable.

DISCLOSURE: Kingswood Camp may disclose information about any spiritual decisions or commitments made by your camper to a minister or church for spiritual follow-up, in accordance with Kingswood Camp's Privacy Policy. Please indicate if you prefer a specific church or denomination for such follow-up :

In the event that you do not wish disclosure of this information, please sign and date below:

I _____ do not wish the above information to be disclosed. _____ date _____
parent or guardian

PHOTOS & VIDEO: Throughout camp we may take photographs/video of the campers as they are participating in various camp activities. Your camper's photograph/video image may be used by Kingswood Camp for promotional purposes or other reasonable uses associated with Kingswood Camp, but will not be sold or distributed to any outside sources, neither will any campers identification be given.

Disclaimer and Waiver

- 1.** The parents/guardians who have submitted the registration form for the named participant are those having legal custody of the child. Conditions of custody, if applicable, will be fully communicated in writing to camp, including a photocopy of the section of any court order referring to visitation rights.
- 2.** In case of emergency, I hereby give permission to camp staff to provide my child with the proper and necessary first aid and medical treatment. I give permission to a licensed physician to hospitalize and to secure proper treatment in order to provide the care necessary for my child’s well-being, including anaesthesia or surgery. I hereby authorize, appoint and empower Kingswood Camp to act as the agent to furnish authorization as may be so required and release the Director, Kingswood Camp, and its agents from any liability which might arise from such authorization, it being my/our desire that my child be treated. In the event of an emergency, Kingswood Camp staff will attempt to contact me or the alternate contacts listed on this form. I hereby give permission for the Camp Director to act, as stated, on my behalf. I understand that any medical expenses and ambulance fees are my responsibility and not that of Kingswood Camp or its personnel. My signature certifies acceptance of all conditions and notes outlined herein.
- 3.** The signature of the parents/guardians shall give the Camp Director the right to arrange for any special services or other requirements necessary for the best interest of the camper including and not limited to the right to approve and obtain medical attention as stated in the registration form. The parents/guardians are responsible for any additional expense that may result from such services.
- 4.** The Camp Director reserves the right to dismiss without refund, any camper whose behaviour is deemed unsuitable and in his/her opinion is a hazard to the safety and rights of others, or who appears to have rejected the controls of the Camp. The parents/guardians certify that they have declared all special needs and medical and/or behaviour conditions applicable to the applicant camper, and that the camper is amenable to necessary discipline. Failure to disclose problems or medical information at the time of application could result in non-admittance or dismissal. Violence, possession and/or use of tobacco, alcohol, and illegal non-prescription drugs, or any conduct considered unacceptable by the Director are grounds for dismissal. Kingswood Camp encourages cooperative behaviour and respect toward leaders and fellow campers and discourages the registration of any camper who cannot conform to these policies. Campers may be asked to show the contents of their bags to the Director if suspicious behaviour or telltale signs warrant it.
- 5.** The parents/guardians give the named participant permission to take part in the supervised programs of Kingswood Camp such as (but not limited to) Global Adventures, Vespers, Bible Study, low-ropes course, canoeing, crafts, science, art, drama, wilderness skills, archery, cooking, swimming, games and night games, volleyball, soccer, orienteering, hiking, outdoor education, sailing, etc. We understand that there are a number of inherent risks involved in summer camp activities and agree to assume those risks and we each release and hold Kingswood, its trustees, officers, directors, employees, volunteers, agents and the Eastern Valley Baptist Association harmless from and waive any claim against the camp as to any personal injury, accident, misfortune that may occur to our child or to his/her property while attending Kingswood. It is understood that reasonable precautions shall be taken to ensure the health and safety of the named camper. Each camper must be covered by MSI (Medicare) or equivalent medical insurance.
- 6.** We agree to permit reasonable use of videos or other pictures (as indicated on the registration form) of the named participant in promoting the camp or camp activities and programs.
- 7.** I hereby give permission for the information on this form to be stored and used for the purpose of camp. I understand that information will be used for direct mailings and if my permission is given, for camper follow up. My signature also certifies my acceptance of Kingswood Camp’s privacy policy (available on line or will be sent to you upon request).
- 8.** I have read this form in its entirety, any attached information packet, the registration form and program guide, and I accept the waivers, conditions and policies of Kingswood Camp.

 Camper’s Signature
I agree to obey the Camp Rules, and to participate fully in all camp programs.

 Date

 Name (Printed)

 Signature 1

 Date

 Name (Printed) Relationship to Camper

 Phone Number

 Signature 2

 Date

 Name (Printed) Relationship to Camper

 Phone Number

Camper Registration Forms Will Not Be Accepted Without All The Appropriate Signatures

All Campers Will Receive A Confirmation Package Once Approved

Please Do Not Assume You Have Been Registered Until You Receive Your Confirmation Package

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All applicants must complete this form regardless of present medical health status

CAMPER'S FULL NAME _____

NAME OF PARENT OR GUARDIAN _____

Treatment for Fever/Headache: Tylenol / Acetaminophen Advil / Ibuprofen Dosage _____

Treatment for Stomach Ache Antacid tablet Gravol Dosage _____

Treatment for Seasonal Allergies Benadryl Other: _____ Dosage _____

Does camper carry an Epi-pen? Yes for treatment of _____ No

Please list all medications being brought to Kingswood Camp for use by the camper. Be certain to include all regularly taken over-the-counter medications as well. You will be asked to verify the information on this form at camp check-in time to ensure nothing has changed. All medications must be handed over to administration staff at check-in time. We will keep them safely locked up, and will make them available to the campers at the appropriate times each day at a designated place. All remaining medications will be returned to the parent or guardian at camp closing. If there is a significant change in medical information or medications prior to camp, it is necessary to let the camp know in advance.

IMPORTANT!!! ALL Prescription Medications brought to Kingswood Camp MUST be in their original pharmacy dispensed packaging with all labels, doctors instructions and contact information fully intact. All Over The Counter Medications should also be in original packaging for clear identification.

Medication Name	Prescribed For	Dosage	Time(s) taken	Other Information Taken with food, before/after meals, etc.

Please list below all pre-existing medical conditions the camper has

Special Needs & Care Instructions. Every camper can have different needs while at camp. Please describe in detail any possible concerns and appropriate response / treatment

Other Information we should be aware of (allergies, dietary needs, behavioral issues, etc.)

All information disclosed on this medical form is accurate and fully complete as possible at the time of signing

SIGNATURE OF PARENT OR GUARDIAN

DATE

Questions: (902)542-0097 Mail your fully completed 3page Registration Form and fee to: **Kingswood Camp PO BOX 543 Kentville, NS B4N 3X7**