

Camp Koolaree 2011 Registration Form

Note: Information labeled in **bold** must be provided.

Please mail your completed registration form, along with your payment, to:

Camp Koolaree
P.O. Box 538
Fruitvale, BC V0G 1L0

Camp choice: (circle one)

Teen Novice Jr. Boys Jr. Girls Family

Camper Surname: _____ **Given Name:** _____ **M or F**

Mailing Address: _____ **City:** _____ **Postal Code:** _____

Home Phone: _____ **Date of Birth:** _____

Grade Completed: _____ **Can you swim?:** **Yes** **No**

Parent/Guardian Name(s): _____ **Work Phone:** _____

Emergency Contact/Relationship: _____ **Phone:** _____

Name of person(s) who will pick up camper after camp: (Camper will be released only to the person(s) named and they will be required to sign here at the time of pick up.)

Church Affiliation: _____ **Minister:** _____

***** **CARE CARD NO.:** _____ *****

Family Doctor: _____ **Phone:** _____

To assist us in ensuring that your child has a happy, healthy time at camp, you are asked to provide the following information. Please help us avoid confusion by **checking the box(es) beside the condition(s) this camper is affected by.**

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> heart disease | <input type="checkbox"/> bed wetting | <input type="checkbox"/> bronchitis |
| <input type="checkbox"/> skin condition | <input type="checkbox"/> hyperactivity | <input type="checkbox"/> homesickness | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> crying outbursts | <input type="checkbox"/> anger outbursts | <input type="checkbox"/> sleepwalking | <input type="checkbox"/> insect stings |
| <input type="checkbox"/> fear of the dark | <input type="checkbox"/> allergies | | |

Is this camper immunized against tetanus? **YES** **NO** **Don't know**

If this camper is allergic to any medications, please identify them here:

If this camper is taking any prescribed medication, please identify it here with the dosage and frequency:

NOTE: All medication must be given to the camp nurse upon arrival at camp. Parents/guardians are encouraged to discuss any concerns with the nurse prior to the campers boarding the boat for the camp.

If this camper has any dietary allergies or restrictions, please list here: _____

=====

Number of years this camper has previously attended Koolaree: _____ **E-mail:** _____

Please circle camper's t-shirt size:

Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Camper Agreement: I want to go to Camp Koolaree because

I agree to participate in all camp activities, to follow the camp rules and all reasonable instructions and directions of the leaders and instructors of Camp Koolaree. I realize that if I break this agreement, I can be asked to leave Camp Koolaree and that any refund of camp fees, in whole or in part, will be at the discretion of the Camp Koolaree Board of Directors.

Camper Signature: _____ **Date:**

Parent/Guardian Consent and Medical Release:

As the parent/guardian of the camper named on this registration I believe that the information provided is accurate and I give my child permission to attend Camp Koolaree. I agree that my child will follow all reasonable instructions and directions of the leaders and instructors duly appointed by Camp Koolaree in connection with the operation of the camp program. I hereby release, remise, and forever discharge Camp Koolaree, its agents or volunteers, of and from all manner of actions, causes of action, claims and demands of whatever nature which result from any injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by Camp Koolaree. **In case of medical emergency I understand that every reasonable effort will be made to contact me. In the event that I cannot be contacted, I hereby give permission to the physician selected by the Camp Director and/or camp nurse to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child as named on this registration form.** I further agree that I will be responsible for the expenses incurred in obtaining said medical attention. Having read and understood the above and answered all questions to the best of my ability, I hereby sign below as parent or legal guardian.

Signature: _____ **Date:**

Photographs taken on behalf of Camp Koolaree become the property of Camp Koolaree and may be used in its brochures and other promotional material. If you do not wish pictures of yourself or your child used in this way, please contact us.

[] By checking this box, you authorize Camp Koolaree to send you information on their organization only. The information you have given will not be released to third parties without your written consent unless required by law. If you wish to be removed from the Camp Koolaree mailing list, you can do so at any time by emailing the camp at info@koolaree.com, or by calling us at 250-551-1499.

PAYMENT INFORMATION

Total or partial financial assistance required? NO YES

If YES a representative of the Camp Board will contact you or your agency. Confidentiality is assured.

Please indicate how you are paying for this camper's registration (circle one):

Cheque Money Order VISA Mastercard

VISA/MC #: _____

Expiry Date: ____/____

Name of Cardholder: _____

Please note that registration payments are processed by **Selkirk Management Services**, this is the merchant that will appear on your credit card statement.

Receipt required? NO YES