

**Camp Koolaree Registration - 2008** Note: Information in **bold** must be provided.

Camp:                      **Teen**                      **Novice**                      **Jr. Boys**                      **Jr. Girls**                      **Family**

Camper Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ **M or F**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth:                      yyyy                      mm                      dd

Grade Completed: \_\_\_\_\_ Can you swim?:    **Yes**    **No**

Parent/Guardian Name(s): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Person(s) who will pick up camper after camp** (Camper will be released only to the person(s) named.):

\_\_\_\_\_

Has camper attended Camp Koolaree previously?    **Yes**    **No**                      **T-Shirt size:    S    M    L    XL    XXL**

E-mail address: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Minister: \_\_\_\_\_

**CARE CARD NO.:**

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

To ensure that your child has a happy, healthy time at camp, please provide the following information. Help us avoid confusion by printing the **given name** of the camper **in front of** the appropriate condition.

bed wetting	heart disease	asthma or bronchitis	anger outbursts
homesickness	insect stings	nose bleeds	crying outbursts
sleepwalking	skin condition	hyperactivity	fear of the dark

**Is this camper immunized against tetanus?**    **Yes**    **No**    **Don't know**

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

**Is this camper taking any prescribed medication? Please identify here with the dosage and frequency:**

(All medication must be given to the camp nurse upon arrival at camp. Parents/guardians are encouraged to discuss any concerns with the nurse or camp director prior to the camper's boarding the boat to the camp.)

**If this camper has any dietary allergies or restrictions, please list here:** \_\_\_\_\_

Camper's interests and why camper wants to attend Camp Koolaree:

**Camper Agreement:** 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:** \_\_\_\_\_

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 phoning the camp secretary at 250-364-2808, or by e-mail to: info@koolaree.com.

**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.

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.

#### **Payment Information:**

Please indicate how you are paying for this camper's registration.

Cheque/Money Order (circle one)

VISA/MC # \_\_\_\_\_ Expiry date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_