

Camper will be attending:

2009 Junior Camp (8-13* yrs) *if turning 13 in this calendar year

2009 Teen Camp (13-18* yrs) *if turning 18 in this calendar year

A separate registration form is needed for each camper. Photocopying is permitted.

Camper's Name: _____ Age: _____
(First) (Last)

Primary Phone Number: _____ Alternate: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Birthdate: (d) ____ (m) ____ (y) ____ Into Grade: ____ M/F: ____

E-mail address (for camp follow-up): _____

Swimming Ability (check applicable box below if badge level unknown):

Indicate badge/level: _____ Non-swimmer Swims, but requires close supervision Swims well

Parent/Guardian: _____ Phone: (h) _____ (w) _____

Contact in Case of Emergency (when parent/guardian cannot be reached):

Name: _____ Phone: _____

Relationship to camper: _____

Name(s) of person(s) picking up your child at close of camp: _____

Phone: _____ Relationship to camper: _____

Are there any issues of custody that Camp VIP should be aware of? **No** **Yes (Please explain)**

Camper would like to share cabin with: _____
(note: priority given to matching campers by age; must be requested by both parties)

T-shirt size (please check applicable box): **Youth Small** **Youth Medium** **Youth Large**
 Adult Small **Adult Medium** **Adult Large** **Adult XL** **XXL**

Does camper attend a youth group? Yes ___ No ___ If so, which one? _____

Does camper attend a church? Yes ___ No ___ If so, which one? _____

How did you hear about Camp VIP? Church ___ Youth Group ___ Friend ___ Web Site ___ Former Camper ___ Staff ___
Other _____

It is customary for e-mail to be distributed and pictures to be taken at Camp VIP. By signing below you...
...authorize Camp VIP to use pictures in its promotional materials, in its presentations, on www.campvip.org.
...authorize Camp VIP to distribute pictures among campers & staff.
...authorize Camp VIP to distribute e-mail addresses of campers to counselling staff for follow-up contact.
 I agree to the use of pictures of my child or his/her e-mail to be used for any of the above.

The use and/ or possession of any tobacco, drugs, alcohol and/ or weapons while under the supervision of Camp VIP is strictly prohibited. Any infraction may result in camper being sent home at parent's expense.

(Signature of Parent / Guardian) Date: _____

Camper's Name: _____

Telephone number (in case of emergency): _____ Alternate _____

Camper's Medical # : _____

Family Doctor: _____ Dr.'s Phone#: _____

Does your child have any emotional/health concerns or fears that Camp VIP should be aware of? (e.g. Bed wetting, fear of water, sleep-walking, etc.) Outline: _____

Medication: All medications (prescription and over-the-counter) must be clearly marked and given to the Camp VIP medical attendant upon arrival at camp.

1. Name of drug/medication: _____ Dosage: _____

Frequency: _____ Required for: _____
(Name of Condition)

2. Name of drug/medication: _____ Dosage: _____

Frequency: _____ Required for: _____
(Name of Condition)

3. Name of drug/medication: _____ Dosage: _____

Frequency: _____ Required for: _____
(Name of Condition)

Allergies (medications, food, etc.) and reactions: _____

Are immunizations up to date: Yes No (if No please specify) _____

Does the camper have any dietary restrictions? No Yes (describe)

Describe any limitations which would compromise the camper's ability to fully participate in camp?

Has the camper had any serious illnesses or operations? No Yes (describe)

Authorization for Hospitalization and Treatment:

If your child becomes ill within two weeks of camp or has been in contact with any communicable disease, please have him/her examined by a Doctor or Public Health Nurse and be guided by their advice regarding your child's attendance at camp. Your signature below signifies that your child is in good health and to your knowledge he/she has not been in contact with any communicable diseases within the past month.

"I hereby give the Camp Nurse and/ or authorized staff permission to intervene in case of medical emergency and I consent to have my son/daughter/ward treated at a recognized hospital. I have indicated the name, and phone number of a designate whom I authorize to take responsibility, should I/we not be immediately available."

(Signature of Parent / Guardian) Date: _____