



CAMP SHAGABEC REGISTRATION FORM



Please complete both sides of this form & mail it to the Registrar:

Camp Shagabec
809 3rd Ave NE
Swift Current, SK
S9H 2H7

PLEASE PRINT:

Name of Camper: _____ (complete a separate form for each camp and camper)

Mailing address: _____

_____ **Postal Code:** _____

Phone #: _____ **E-mail (optional)** _____

First Time Camper? _____ **Age of Camper as of Jan. 01, 2010** _____

Male ___ **Female** ___ **Birth date:** _____ (M) _____ (D) _____ (Y)

I'm registering this child for: (please check the desired camp)

- ___ Sr. Co-ed (July 4-9) \$165*
- ___ Sr. Squirts (Aug 4-7) \$100
- ___ Jr. Co-ed (July 18- 23) \$155*
- ___ Jr. Squirts (Aug 1-3) \$80
- ___ Sr. Scampers (July 25-30) \$155*
- ___ Creative Camp (Aug 8-11) \$100
- ___ Jr. Scampers (July 11-16) \$155*
- ___ Wannabeakidagain (Aug 13-15) \$80

* Children's Fitness Tax Credits are issued for 5-day camps (for 50% of registration fee)

Name of Parent(s) / Guardian: _____ **Relationship(s) to camper:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Alternate names and numbers in case of an emergency:

- 1. _____
- 2. _____

Photos and videos of the campers are sometimes used on the Camp Shagabec website or for promotional purposes. If you would prefer that images of your child **not be used**, please sign here, _____

I waive all claims against Camp Shagabec, the paid and volunteer staff and the United Church of Canada and their employees and representatives, for any accident or injury to the applicant or to his or her property in connection with the camp. I understand that Camp Shagabec activities occur both on and off camp property.

Signature of the parent or guardian: _____ Date: _____

Witness name: _____ Witness signature: _____

Payment enclosed in the amount of: \$ _____ Cheque # _____

I would like to be included on the Camp Shagabec mailing list (you will be sent a registration form next year).

Where did you hear about Camp Shagabec? _____

REMINDERS: Send one completed form for each camper (for each camp they attend) along with a cheque for the full registration fee (please don't post-date cheques). Cheques should be made payable to "Camp Shagabec". Do not send cash in the mail. Registrations are accepted on a first come, first serve basis, so to avoid disappointment register early. Phone registrations are not accepted. For more information, or to view our Privacy Policy visit: www.shagabec.com

PLEASE NOTE: Your child's acceptance into their requested camp is dependant on the confirmed number volunteer leaders we have for that camp (yes, we always need more help. If interested in volunteering, visit our website). You will receive an acceptance letter when you have been officially accepted. Please do not come to camp unless you have been accepted and have received a letter (or received a phone call in the case of a late registration or a waiting list acceptance). If we are unable to accept your child you will be fully refunded. For bursary information or if you require a payment plan, contact the Registrar. Cancellation refunds (less a \$25 administrative fee) will only be granted prior to the start of that camp.

Thank you for your cooperation!

For office use only: (registrar to initial)

- 1. Amount Paid _____
- 2. Entered in the data base: _____
- 3. Receipt written: _____
- 4. Finance info: _____
- 5. Waiting List # _____
- 6. Phoned for wait list info: _____

CAMP SHAGABEC – MEDICAL FORM



CAMPER'S FULL NAME: _____
PROVINCIAL HEALTH CARE NUMBER: _____ Province of Registration: _____
DOCTOR'S NAME & PHONE #: _____

Note: We will have on-site a First-aider, who holds a current First-aid certificate, during all camps. Please send any medications (prescribed or over the counter) that your child is likely to need during camp. Any medications brought to camp must be clearly **labeled** and given to the First-aider when you register at Camp.

Indicate any conditions the camper may have :

- | | | |
|-----------------------|----------------------|-------------------------|
| _____ - Heart Disease | _____ - Hay Fever | _____ - Spinal Problems |
| _____ - Asthma | _____ - Seizures | _____ - Bed Wetting |
| _____ - Diabetes | _____ - Sleepwalking | _____ - ADHD |

If over 14 - Date of last tetanus shot: _____
Are your child's immunizations up to date: _____

Parents! Would you like to volunteer to be counselor or first-aider for a week?

_____ - Headaches or Allergies? (Please send marked medication to be left with the first-aider)

Allergies to:

Foods (Specify) _____ Insects (Specify) _____
Drugs (Specify) _____ Others (Specify) _____

Please note any other medical concerns or any physical or mental limitations that would affect your child's participation in camp activities: _____

*If your child is high maintenance, please let us know so that we can arrange for extra staffing as necessary. Please note that camp is not a good setting to have a holiday from regular medications such as Ritalin.

Please contact us with any SPECIAL DIET CONCERNS so that we can make other arrangements.
Please, do not send any JUNK FOOD to camp with your child.

CONSENT FOR TREATMENT

Date : _____

In case of emergency, I give consent for my child to receive medical treatment.

Signature of Parent or Guardian: _____

SIGN ONLY ONE OF THE CONSENTS BELOW

I grant permission for the designated medic at camp to administer over the counter medication (i.e., Tylenol, Tums etc.), and first aid to my child when it is required during the camp.

Signature of Parent or Guardian: _____

If you wish to be telephoned, prior to us administering any over the counter medication to your child, any time of the day or night, please sign below.

Signature of Parent or Guardian: _____

Note : Basic first aid supplies are kept at camp, you will have to provide all medicines for chronic conditions. Basic first aid for minor injuries will be provided as necessary. We will contact the parent/guardian if it is felt necessary. Parents/guardians will be notified if the camper is transported to hospital.