

2006 Registration Form

Complete both sides of this form, detach and mail with full payment
 Registrations for all camps are limited, and on a first come first serve
 basis. Register early.

Camp Session: _____ Camp Dates: _____
 Name of Camper: _____ Male: _____ Female: _____
 Birth Date: _____ Grade Completed (As of June 06) _____ School: _____
 Address: _____ City / Town: _____ Postal Code: _____
 Phone Number: _____ Email Address: _____
 Swim Level: _____ Attended Camp Before: _____ Church: _____
 Parents/Guardian name: _____ Phone (H): _____ Phone (W): _____
 Cabin Mate Request: _____ (We will **try** to honour **one mutual** request for campers of the same age and gender)

**Check your calendar carefully and note arrival and departure times.
 Campers will not be admitted to camp before the stated arrival time.**

To enable more children to attend camp, please register for one camp session. Should your child wish to attend a second camp, he/she will be placed on a waiting list. If camps are not full, your child will be admitted. Send separate registration forms and cheques for each camp: indicate your first choice and second choice.

In order to provide your child with the best experience possible at camp, we ask you to complete the following questions. Camp staff will use this information to better understand your child and assist in appropriate groupings and staffing arrangements. Information you provide here will be treated with the utmost confidentiality. We believe the more we know about your child, the better equipped we will be to provide a positive camping experience.

1. Please indicate with an "X" the characteristics that best describe your child. Feel free to describe characteristics in more detail.

- | | | |
|--|--|---|
| <input type="checkbox"/> Shy with peers | <input type="checkbox"/> Energetic | <input type="checkbox"/> Plays with same age children |
| <input type="checkbox"/> Shy with adults | <input type="checkbox"/> Tires easily | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Makes friends easily | <input type="checkbox"/> Controls temper well | <input type="checkbox"/> Prefers passive activities |
| <input type="checkbox"/> Has difficulty making friends | <input type="checkbox"/> Plays with older children | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Plays cooperatively | <input type="checkbox"/> Well coordinated | <input type="checkbox"/> Prefers active activities |
| <input type="checkbox"/> Easy going | <input type="checkbox"/> Plays with younger children | <input type="checkbox"/> Generally happy |
| <input type="checkbox"/> Mature in attitude | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Moody |

2. Does your child live with? Both Parents Mother Father Other _____

3. Is your child eager or being encouraged to attend camp? _____

4. Is your child comfortable in unfamiliar places? _____

5. Please tell us what extra-curricular activities your child participates in? (sports, hobbies, interests etc.)

6. Is there anything else you would like to tell us that would help us give your child the best experience Possible?

Fee for Selected Camp Session		\$
If registering before May 15 Deduct	- \$20	\$
Volunteer Deduction (50% of camper fees, excluding Primary Camps)	-50% or \$20 for Primary	\$
Add \$10/day/child attending with a volunteer and not registered in camp	+\$10 / day	\$
Total (Must Accompany Registration Form)		\$

If you are applying for financial assistance do not send money with your registration. Your level of assistance will be determined and you will then be billed for the remaining amount. Note: Financial assistance is only available to those who register on or before May 15.

MINISTER'S SIGNATURE REQUIRED
FOR FINANCIAL ASSISTANCE

CHURCH _____

Volunteer name if using Volunteer deduction: _____

Please fill out and include volunteer application form with this registration if applicable.

2006 Camper Health Record

This form will be used if campers require health care at camp. Information will be kept confidential

Name of Camper: _____
(Last) (First)

Hospitalization #: _____ / _____ / _____

1. Emergency Contact _____ Phone # _____ or _____

2. Emergency Contact _____ Phone # _____ or _____

Family Physician _____ Phone # _____ or _____

Date of Last tetanus toxoid _____

Is applicant subject to any serious medical conditions? (asthma, diabetes, epilepsy, seizures, heart disease)

Is the applicant subject to any other conditions (bedwetting, sleep walking, nose bleeds, headaches)?

Is the applicant on any medications? Please itemize.

If the applicant has any special needs (emotional, physical, ADD, ADHD...) Please indicate.

Is the applicant allergic to any drugs, stinging insects, foods, other? If so, how do they react?

Does the applicant have any special dietary needs? (gluten free diet, lactose intolerance, vegetarian....)

Any medication brought to camp must be in ORIGINAL container, clearly LABELED with the camper's name and given with instructions for use to the camp medical person on arrival. This includes prescription and over the counter drugs.

This waiver must be signed:

I declare that _____'s health is suitable for camping activities. I permit the LBC medical personnel and first-aid team to engage in on-site medical care as deemed necessary (including administration of medication I have brought for camper during their stay) and to use their judgment in determining the extent of immediate medical care as required for this child. There are times when illness or accident may occur and medical attention is necessary. This is my permission for the official in charge to make arrangements for medical attention for my child/ward in the event of an emergency. I understand I will be notified by the quickest means possible if this authority is exercised. I waive all claims against Lumsden Beach Camp Inc. and all of its employees and volunteers for any accident, injury or misfortune that may occur to the camper or to his/her property knowing that every precaution shall be taken by staff to ensure campers' welfare and safety.

Signature of Parent or Guardian

Date

Relationship to Camper

Deregistration:

I give permission to LBC to release my son / daughter only to the following names at departure time of the camp.

1. _____

2. _____

Please indicate if there is anyone that must NOT pick up the above camper.

1. _____

2. _____

Privacy Statement
Lumsden Beach Camp Inc. is committed to protecting the privacy of your personal information. We use the personal information of this registration form solely for the purpose of ensuring the safety of your child and the quality of his/her experience while at camp. Registration forms are used for internal purposes only and will not be disclosed to any third party unless required by law or in the event of a medical emergency. Your mailing and/or email address may also be used to alert you to future LBC events and information. If you **DO NOT** wish to receive information about LBC in the future, please check this box:

