2023 Registration Sheet

A $50 deposit (non- refundable after June 1st) per camper must accompany this form

\*\*\*MAIL THIS SHEET TO\*\*\*

C/O CANOE COVE CHRISTIAN CAMP Inc., P.O. Box 661, Charlottetown, PE C1A 7L3 Or Register on-line and pay by PAYPAL at; www.canoecovechristiancamp.ca

Dates and Prices can be found on our website. More details about drop off and pick up times will be sent to you at a later date.

SUMMER CAMP (grade as of September 2023):

Camper Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First/Given Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Entering in Fall: \_\_\_\_\_

Date of birth: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ (Day / Month / Year) Gender: ☐ Male ☐ Female Parents/Guardians:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (i.e. cell #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you and a friend want to be assigned to the same room, we’ll try to accommodate your wishes. Name of cabin mate (one only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in a bubble with someone attending the camp? If yes, name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt Size: (☐ Youth size – OR – ☐ Adult size) ☐ Small ☐ Medium ☐ Large ☐ X-Large

Is there a joint custody arrangement? ☐ Yes ☐ No

Note: If anyone other than the parent/guardian indicated above will be picking up the camper, we must receive written notification by noon one day before the end of the camp in question or the name below.

Person other than Parent/Guardian picking up camper:

Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ said parent/guardian of above camper give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to pick my child (children) up from Canoe Cove Christian Camp Inc.

In case of emergency and parent/guardian cannot be contacted,

Contact Person (#1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person (#2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the camper attend church? ☐ Yes ☐ No

If yes, Church name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minister / Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please take a moment to answer these questions below regarding your child, so that way we can better understand the abilities and needs of your child while they are at camp and to be better prepared to have their experience here with us be a fun, happy and enjoyable one.

PHYSICAL NEEDS AND SOCIAL INTERACTIONS: Does your child have any behaviors that we should be aware of or thoughts to help us know your child better? If so, please describe them so the staff may prepare for handling incidents that may otherwise prove embarrassing for your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEASE FORM

The undersigned must be the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Print name of camper) I hereby approve and confirm his or her participation, and release Canoe Cove Christian Camp Inc., its Directors, the management, staff, agents, employees, or any persons associated with Canoe Cove Christian Camp Inc., from any claim or action for any injury or injuries that may be received by the said child while attending Canoe Cove Christian Camp, and/or any normal camp activities associated with Canoe Cove Christian Camp including those off of the property of Canoe Cove Christian Camp. Some personal information may be shown to Camping Association of Nova Scotia and Prince Edward Island (CANSPEI) during the camp’s accreditation process, to ensure compliance with standards and requirements. \_\_\_\_ Parent Initials, by initialing you the said parent/guardian agree to permit the reasonable use of photos and videos or other pictures of applicant camper in promoting the camp or camp activities or programs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Parent or Guardian’s Name (Print) Parent/Guardian’s Signature

Thank you from Canoe Cove Christian Camp

OFFICE USE ONLY: • Cash • Chq • Money Order • E-transfer • PayPal Ref. #:\_\_\_\_\_\_\_ Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Treatment Authorization and Consent Form**

**\* NOTE: an updated medical form will be required prior to camp arrival and will be emailed/sent to be completed a few weeks prior to camp**

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check if these received: \_\_\_ MMR - Measles, Mumps, and Rubella \_\_\_Tetanus/Diphtheria \_\_\_H1N1 \_\_\_ COVID-19

Please List Any Allergies, Dietary Restrictions, Pre-existing Medical conditions or care instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Camper carry an Epi-pen? If yes, reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* You must indicate if your child is permitted to have the following list of meditations below, should the child get a headache, allergic reaction or stomach-ache. If you do not, your child will not have these medications made available should they become ill when at camp.

\*\*\* Treatment of Headache: \_\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_ Ibuprofen (Advil)

\*\*\*Treatment of Stomach-ache: \_\_\_\_\_ Antacid Tablet (Tums) \_\_\_\_ Gravol

Other treatment or medications that may be required, including: \_\_\_\_ Antihistamine (Benadryl) \_\_\_ Topical Creams/liquid Drops (sunscreen, polysporin, eye drops, aloe Vera etc.)

LIST OF ALL MEDICATIONS AND DESCRIPTION OF DISPENSATION

| Medication | Dosage Times | Other Information |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Note: All medication that is to be given during a campers stay at Canoe Cove Christian Camp must be handed to the Nurse/Medical personnel or to a designated adult during sign in and we will assist the applicant camper to take them per instructions. All medications will be locked up and given at the appropriate times for each day in the Medical Station. Each camper is required to have the medications in their original packaging or a blister packs (talk to the pharmacist or doctor about these packs).

**Head Lice**: Please note that any camper found to have head lice or nits will not be able to stay at camp. The Camp Staff will keep the child separated from others until the parent(s)/guardian(s) can pick the child up.

**Medical Waiver**: The following form is designed for those situations where minors are unaccompanied by either parents or legal guardians. This “Medical Treatment Authorization and Consent Form” gives authority to Canoe Cove Christian Camp Inc. or to a designated adult to arrange for Medical/First Aid care for a minor in the event of an emergency. The undersigned do hereby give authorization for Canoe Cove Christian Camp Inc. or to the designated adult to administer the above minors’ medical treatment, first aid treatment or medical care while attending Canoe Cove Christian Camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Parent/Guardian’s Name (print) Parent/Guardian’s Signature

This signature certifies that I have read and Iaccept all the conditions herein.