

# Registration Form

# Health Form

Name \_\_\_\_\_

Male  Female  Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Check here if we can send you future information about camp events.

### Alternate person to contact in case of emergency:

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

A camper may request one cabin-mate, provided the same request appears on the friend's application. Please limit request to just one cabin-mate. Your cabin-mate must be within two years of your age.

Name of cabin-mate: \_\_\_\_\_

## Camp Lemieux 2011

Indicate your first and second choice.

- |                       |            |               |
|-----------------------|------------|---------------|
| ___ CIT Camp          | Ages 15-18 | July 3-8      |
| ___ Kidz Kamp         | Ages 6-8   | July 9-10     |
| ___ Youth Camp 1      | Ages 8-13  | July 10-15    |
| ___ Youth Camp 2      | Ages 8-13  | July 17-22    |
| ___ Senior Camp       | Ages 12-14 | July 24-29    |
| ___ Youth Camp 3      | Ages 8-13  | July 31-Aug 5 |
| ___ Intermediate Camp | Ages 7-10  | Aug 7-10      |

Free T-shirt (Adult) size: S  M  L  XL

(Youth) size: L

Camp Lemieux requires parent or guardian consent that gives permission to the official in charge, or his/her deputy, to make arrangements for the child in the event of necessary medical attention, without the Parent(s)/guardian(s) prior approval. Parent(s)/guardian(s) will be notified by the quickest means possible if this authority is exercised.

### I, the undersigned, hereby give my permission for the necessary medical attention for

\_\_\_\_\_ (name of child)

### while attending Camp Lemieux.

Today's Date \_\_\_\_\_

Signature \_\_\_\_\_

(parent/guardian if child is under 18)

Family Doctor \_\_\_\_\_

Phone No. \_\_\_\_\_

Sask. Health No. \_\_\_\_\_

Medical Plan No. \_\_\_\_\_

Allergies \_\_\_\_\_

Please indicate **ON THE BACK OF THIS FORM** any medical conditions camp staff should be aware of (e.g. medication, bedwetting, physical limitations, epilepsy, etc.)

### Please Note:

**ALL MEDICATIONS MUST BE TURNED OVER TO THE FIRST AID PERSONNEL AT SUNDAY REGISTRATION.**

I understand my child's photo may be taken for use in camp promotional literature and I waive the right to inspect or approve the photo if used for such purposes.

**Office use only** FTS \_\_\_\_\_