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CAMPER REGISTRATION FORM FOR CHILDREN AGED 4 TO 11

FUN IN THE SUN

CAMPER REGISTRATION 2024

12 - 16 AUGUST | 9 am to 3:30 pm

\$150/child | \$280/2 children* | \$400/3 children*

(* rates apply for children from the same family)

Legal Name: _____ DOB M ____ D ____ Y ____

Preferred Name _____ Preferred Gender ID _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email _____ Instagram _____

Health Card # _____ Phone # _____

Physician: _____ Phone # _____

ALLERGIES (please list reactions)

☐ To the following foods: _____

☐ To medications: _____

☐ To bees, wasps, hornet stings _____

☐ Other allergies: _____

Please describe severity and reactions (e.g. life-threatening, breathing problems)

Needs EpiPen® kit: Yes ☐ No ☐ Participants must carry their own personal EpiPen®.

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Preferred Name _____ Preferred Gender ID _____

Health Card # _____ Phone # _____

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HEALTH HISTORY

Please provide information to expand our ability to care for you, the volunteer. Describe any illnesses (eg. Epilepsy, Fainting Spells, Migraine/Headaches, etc.) or conditions that would be important for our staff to know about and how these conditions are dealt with at home.

You may attach additional pages if needed

RELEASE FORM

Please initial each point to confirm your consent.

- ☐ The parent(s) or guardian(s) submitting this application are those having legal custody of the participant.
- ☐ I consent to my child's participation in the activities associated with the program unless a physician's note has been written to excuse her/him or further information has been noted on the health form.
- ☐ Program Staff reserves the right to dismiss a participant who has displayed unacceptable behaviour, and/or has not complied with the norms of the event, or for medical reasons.
- ☐ The parent(s) or guardian(s) agree to hold harmless St. Christopher's Burlington, its employees, and volunteer staff from any cost or liability in connection with the injury, death or damage to any person or property during this event.
- ☐ In the case of medical or surgical emergency, I understand every effort will be made to contact parent(s) or guardian(s). In the event I cannot be reached, I hereby authorize and consent to St. Christopher's Burlington, its employees, and volunteer staff to obtain medical assistance including first aid, treatments, transport, hospitalization, blood transfusion and/or anaesthesia or surgery if required. I give permission to contact this participant's personal physician for clarification of medical treatment.
- ☐ I agree to release St. Christopher's Burlington, its employees, and volunteer staff from any cost or liability arising out of the performance of any medical procedure in relation to such medical assistance.
- ☐ Each participant must be covered by provincial or equivalent health insurance. I hereby assume full responsibility for any extra expenses required for the treatment of the participant that is not covered by Ontario Hospital Insurance or equivalent health insurance.
- ☐ St. Christopher's Burlington is committed to protecting the confidentiality, privacy and accuracy of personal information it collects. The information gathered in this form will be used solely to support the participant's involvement with St. Christopher's Burlington and will not be disclosed to a third party except in a medical emergency.
- ☐ Photographs and videotaping are often used by Fun in the Sun for promotional purposes. I consent to allow Fun in the Sun to use photographs or video clips, where appropriate, in the advertising for Fun in the Sun. I understand that Fun in the Sun will take all reasonable effort to maintain the privacy and anonymity of all campers. If you decide that you do not wish to have your child's photograph used for promotional purposes you will need to provide us with a letter stating your request with a recent photograph attached to assist us in maintaining your child's absence from our promotional material.

Are there any custody arrangements/restrictions of which we should be made aware? If so, please explain.

Additional information that will help your child's leader:

Names and phone numbers of adults who have permission to pick up your child:

I understand that the leaders of Fun in the Sun and the staff of St. Christopher's Anglican Church will do their best to provide a safe camp experience for my child. I also understand that all children who participate in the camp program do so at their own risk.

Signature of Parent / Guardian _____ Date: _____

Office Use Only

Paid by: ☐ Cheque # _____ ☐ Cash, ☐ Unpaid, ☐ Subsidy amount \$ _____