



REGISTRATION FORM

Gender: Male Female

Session: _____
(eg. Tadpole Mini-Camp, July 16-18)

Campers Name _____ Birth Date _____ Age at camp _____
Last Given Y/M/D

Mailing Address _____
Street Address City Province Postal Code

Custodial Parent or Guardian _____ Email _____

Home Address _____ Phone _____
Street Address City Province Postal Code

Business Address _____ Phone _____
Street Address City Province Postal Code

Second Parent/Guardian/Emergency Contact _____ Phone _____

Address _____ 2ndPhone _____
Street Address City Province Postal Code

INSURANCE INFORMATION

Is your child covered by provincial medical insurance? YES NO

Provincial Health Ins.# _____ Exact Name on Card _____

If no, what form of coverage is available? _____

Does your child have any physical, mental or emotional weaknesses or disabilities that the Nurse or Camp Director should know about? (i.e. If your child has ADD, ADHD, physical restrictions, etc.) Yes No

If yes, please explain: _____

ALLERGIES List all known Medication Allergies (List)	Describe reaction and management of the reaction
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Food/Other Allergies (List) - include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Bring enough medication to last entire camp session. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

Attach additional pages if required

Please complete reverse side

Can Tylenol or Ibuprofen be administered if necessary? Yes No

Please explain any dietary restrictions and/or any restrictions to activity (i.e. what cannot be done)

Name of Family Physician: _____ Phone: _____

Address _____

Name of Family Dentist/Orthodontist _____ Phone: _____

Address _____

Cabin Mate Choice _____

***We will try our best to accomodate your cabin requests, but we cannot guarantee them!*

***Camp Sheldrake can provide sponsorship for families in financial need. Please contact the Camp Office for further details.*

Waivers and Conditions of Enrolment

1. The Camp Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp. The parent/guardian certifies that the applicant camper is normal in condition and habits and is amenable to necessary discipline. Failure to disclose problems at time of application could result in dismissal.
2. The parents/guardians submitting this form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to camp, including a photocopy of the section of any court order referring to visitation rights.
3. I, the parent or guardian of the named participant below, release Camp Sheldrake Inc., its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the named participant below or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named camper below. Each camper must be covered by NB Medicare or equivalent medical insurance.
4. The signature of the parent/guardian on this application shall give the Camp Director the right to arrange for any special services or other requirements necessary for the best interest of the camper and shall give the Camp Director the right to approve and obtain medical attention necessary for the camper's welfare and good health including ordering injection, anesthesia or surgery. In such situation the camp will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.
5. We agree to permit reasonable use of photos and videos or other pictures of applicant camper in promoting the camp or camp activities and programs.
6. I have read this form as well as the Camp Sheldrake registration form and brochure and I accept the waivers, conditions and policies, including Camp Sheldrake's refund policies as stated below the Summer Calendar.

SIGNATURE (ONE ONLY) _____ DATE _____

The above signature signifies that I am the guardian of the above named camper and I have the authority to accept all conditions herein. Please note applications will not be accepted without signature.

This form must be completed and returned with \$100.00 deposit (*non-refundable*) and post-dated cheque dated two weeks prior to session start (*non-refundable after that date*).

**CAMP SHELDRAKE
P.O. BOX 4
MIRAMICHI, N.B.
E1V 3M2
campshel@nbnet.nb.ca**