

Camp Little Red Winter Camp Registration Form 2017 — 2018

Please check which Camp(s) — Cost: \$85.00 per weekend

- All Boys Rocket Camp — October 19-21, 2017
- Christmas Camp — November 30-December 2, 2017
- All Girls "Circus" Camp — March 2-4, 2018

Name _____ M F Are you a return camper? _____

Address _____ City _____ Pr. _____ Postal Code _____

Home Phone (____) _____ E-mail _____

Parent/Guardian 1 _____ Work (____) _____ Cell (____) _____

Parent/Guardian 2 _____ Work (____) _____ Cell (____) _____

Birthdate

Month	Day	Year
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 Age at time of camp _____

Non-Parent/Guardian Emergency Contact _____ Relationship _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Alberta Health Care Number

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Please list any conditions which may affect the camper's health or participation at camp. (i.e. allergies, asthma, special diet, bed wetting, medications, etc.) _____

Please indicate which medications the camp first aid provider may administer to your child as needed:

- | | | |
|-------------------|------------------------------|-----------------------------|
| Tylenol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Advil | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Benadryl | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Polysporin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Halls Cough Drops | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anti-Itch Cream | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gravol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Parent/Guardian Signature _____

Upon arrival at camp, the camp first aid provider MUST be informed of any communicable diseases (such as Chicken Pox, Mono, etc.), Head Lice, or any other illnesses that your child may have been exposed to and/or contracted within two weeks prior to the beginning of camp.

I approve of my child's participation at Camp Little Red. I recognize that there are risks of injury, illness and/or losses associated with camp participation. I understand that in the event of injury or illness, Camp Little Red will attempt to notify me or other emergency contacts as soon as possible. I authorize camp staff to seek and obtain emergency medical services as may be deemed necessary at the time. The parent/guardian is responsible for any additional expense that may be incurred for such services. I also give the camp first aid provider permission to administer the over the counter medications that I have checked on this form. I voluntarily assume all the risks and hazards associated with my child's use of Camp Little Red facilities while participating in any activity and will hold harmless the camp for injury, illness and/or losses sustained by my child during the camp program. I also give Camp Little Red permission to use photos and/or videos of my child that may be taken during the camp for public relation purposes.