

## Health Record

Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Version Code (If applicable): \_\_\_\_\_

Doctor Name & #: \_\_\_\_\_

Allergies (Food/Drugs): \_\_\_\_\_

Medication required at Camp: \_\_\_\_\_

Other Health Information: \_\_\_\_\_

In signing this application, the parent/guardian issues to the director & staff of the event consent to the following:

1. In the event of an emergency, every effort will be made to contact me. However, if I cannot be reached, I authorize the director or staff to refer my child to medical authorities on my behalf and authorize the medical authorities to provide diagnosis and treatment.

2. I authorize the director or designated first aid staff to administer medications I have sent for the camper during his/her stay.

3. I consent to the use of photos/videos of my camper for HAM/Hope United Church & partners for publication & promotional purposes.

4. I consent to being contacted by email to receive further camp information and receipts.

*Signature of parent/guardian*

## Additional Information

Day Camps run from 9am-4pm Monday-Friday. Please bring a bagged lunch. Morning and afternoon snacks are provided.

Sydenham Adventure runs from Sunday night to Friday afternoon.

Survivor Adventure runs from Sunday night to Thursday afternoon.

All food provided at overnight camps

**Camp Newsletters** will give further details about what to expect for each individual camp. These will be sent out by **email** once your registration is processed. If you have registered but have not received a newsletter by June 15, please contact us.

Camp Staff are chosen on the basis of:

- Christian commitment and maturity
- Interest in children and youth
- Skills in music, canoeing, lifeguarding, sports, crafts and other camp activities
- Willingness to work as a team

**All Camp Staff are trained in first aid.**

### Volunteers Needed for the Following Camps:

Alvinston VBS  
Alvinston Jr. Day Camp  
Brigden VBS/Camp  
Watford VBS/Camp

If youth or adults are interested in volunteering, please contact us at 519-898-2105

## Registration

Name of Camper: \_\_\_\_\_

Grade Sept. 2018: \_\_\_\_\_ M/F \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email\*: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Church Affiliation (if any): \_\_\_\_\_

Camp Name: \_\_\_\_\_ Price \_\_\_\_\_

Total \$ submitted: \_\_\_\_\_

\*Our primary form of communication with parents and campers is email. Please include an address that is checked often.

**To reserve a place at camp, please register before June 29. Late registrations may still be accepted, depending on space.**

**H.A.M.  
P.O. Box #63  
Alvinston, ON  
N0N 1A0**

Filled out forms along with \$50 non-refundable deposit are to be sent to the above address. Cheques made out to **Hope United Church.**

As camp costs have risen, so have registrations fees. However, if a fee is the only reason not to send your camper, for help, contact: Rev. Jim Breen  
jbreen@brktel.on.ca 519-898-2105