



CAMP ARTABAN 2012 CHILD REGISTRATION FORM

PLEASE PRINT CLEARLY — One form per camper per camp (photocopies accepted)

1058 Ridgewood Drive, North Vancouver, BC V7R 1H8 Tel: 604-980-0391 Fax: 604-980-0395

Web: www.campartaban.com Email: office@campartaban.com

CAMP SESSION NAME: _____ **CAMP SESSION DATES:** _____

ONLY if Attending Fine Arts Camp: (circle one) Theatre / Band / Visual Arts / Stage Crew

Camper's Last Name: _____ **Camper's First Name:** _____

Birth date: YYYY _____ MM _____ DD _____ **Grade in September 2012:** _____ **Gender:**(circle one) M F

Address: _____ **City:** _____ **Province:** _____ **Postal Code:** _____

E-Mail: _____ **Home Church (if applicable):** _____

Mother/Caregiver Name: _____ **Phone:** _____ **Work/Cell:** _____

Father/Caregiver Name: _____ **Phone:** _____ **Work/Cell:** _____

Emergency Contact: _____ **Relationship to camper:** _____ **Phone:** _____
(local please, not primary caregiver)

Camper Cabin Requests: name of friend(s) - 2 MAXIMUM 1) _____ 2) _____

How did you hear about Artaban? (circle): Church / Recreation Center / Library / Newspaper / Signage / Parade / Friend / Web / Other

PAYMENTS

Session Fees \$ _____ See schedule of fees next to each session. Please note that all listed fees already include HST.

Prepaid Canteen \$ _____ Any unused prepaid canteen money will be returned to each camper in cash at the end of camp.

Optional Donation \$ _____ Camp Artaban Society is a not-for-profit organization and, as such, relies on the generous donations of its supporters in order to offer high-quality programming at a reasonable price. There is absolutely no obligation to give, but if you are able to contribute in this way, we will ensure that your funds are used wisely. Tax receipts will be issued for donations of \$20 and above.

TOTAL \$ _____

<p>CHEQUE or CASH Payments: The \$100 non-refundable deposit (\$50 for Single Parents Camp) must be paid at the time of registration. The balance of fees may be covered by an accompanying post-dated cheque dated June 10th for Full Fee Payment.</p> <p>Cheques are payable to: CAMP ARTABAN SOCIETY. (A charge of \$25 will be applied for NSF cheques.)</p> <p>Current Payment \$ _____ Post-dated cheque \$ _____</p>	<p>VISA or MASTERCARD Payments: Full payment only please.</p> <p>Cardholder's Name _____</p> <p>Card Number: _____</p> <p>Expiry: MM _____ YY _____ Total Payment \$ _____</p> <p>Signature _____</p>
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Please include **FULL** payment with each registration, which can be the full amount right away or the deposit and a post-dated cheque for the balance.

Refund Policy: We cannot refund any portion of fees to campers who cancel fewer than 14 days prior to the start of the camp session.

Please mail or fax your completed Registration Form and Health Record to the Camp Artaban Office at the address/number above. Further detailed information will be sent to you following registration.

OFFICE USE ONLY					
ACTUAL CAMP FEE: _____	CANTEEN: _____	DISCOUNT: _____	CAMPERSHIP: _____	TOTAL DUE: _____	
PAID: _____	DATE: _____	RECEIPT: _____			
BALANCE OWING: _____	DATE: _____	RECEIPT: _____			
PAID IN FULL: _____	HEALTH FORM: _____	CANCELLATION: _____	OTHER: _____		W



CAMP ARTABAN 2012 CHILD HEALTH RECORD

ALL INFORMATION IS KEPT CONFIDENTIAL. PLEASE ANSWER ALL OF THE QUESTIONS.

Name: _____ Session Name/Date: _____

Mother's Name: _____ Father's Name: _____

Phone: (H) _____ (W) _____ Email: _____

Date of Birth: YYYY _____ MM _____ DD _____ Height: _____ Weight: _____

Family Doctor: _____ Doctor's Phone: _____

Date of last Tetanus shot: _____ Care Card # _____

1. IS YOUR CHILD SUBJECT TO / DOES YOUR CHILD WEAR (check all that apply):

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> EAR INFECTIONS (L) or (R) | <input type="checkbox"/> DIARRHEA | <input type="checkbox"/> SEIZURES |
| <input type="checkbox"/> MOTION SICKNESS | <input type="checkbox"/> NIGHTMARES | <input type="checkbox"/> CONTACT LENSES/GLASSES |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> SLEEPWALKING | <input type="checkbox"/> HEARING AID |
| <input type="checkbox"/> CONSTIPATION | <input type="checkbox"/> BEDWETTING | <input type="checkbox"/> OTHER PROSTHESIS _____ |

2. DOES YOUR CHILD HAVE ALLERGIES? (attach additional information if needed)

Medication: _____ Reaction: _____

Food: _____ Reaction: _____ Epipen? _____

Other (i.e. bees) _____ Reaction: _____ Epipen? _____

3. DOES YOUR CHILD HAVE A PROLONGED HEALTH CONDITION? (diabetes, epilepsy, deafness, asthma, etc., or any physical limitations) ARE ANY ACTIVITIES TO BE RESTRICTED? PLEASE DESCRIBE FULLY: _____

4. **MEDICATIONS:** PLEASE BE SURE TO BRING ALL NECESSARY PRESCRIPTIONS TO CAMP. OUR HOSPITAL IS STOCKED WITH BASIC MEDICINES AND FIRST AID SUPPLIES ONLY. **IMPORTANT: PLEASE SEND ALL MEDICATION IN ORIGINAL CONTAINER WITH PATIENT NAME, NAME OF MEDICATION, DOSAGE AND DOCTOR. ALL MEDICATION WILL BE COLLECTED BY THE NURSE ONCE THE CAMPERS ARRIVE AT CAMP.**

MEDICATION: _____

5. DOES YOUR CHILD HAVE ANY SPECIAL DIFFICULTIES? AT SCHOOL, DOES HE/SHE REQUIRE EXTRA ASSISTANCE? IF SO, PLEASE DESCRIBE: _____

6. ARE THERE ANY SPECIAL CONCERNS RELATED TO YOUR CHILD'S BEHAVIOUR THAT STAFF NEED TO BE AWARE OF? YES NO IF SO, DESCRIBE ANY MANAGEMENT PLAN THAT YOU HAVE FOUND TO BE EFFECTIVE WITH YOUR CHILD: _____

7. HAS YOUR CHILD HAD MEDICATION FOR A.D.D. OR A.D.H.D. DURING THE PAST YEAR? YES NO

8. DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS? YES NO PLEASE LIST: (meat, dairy, eggs, etc.) _____

NOTE-CAMPERS FROM HOMES WHERE THERE HAS BEEN RECENT DIARRHEA, OR WHO HAVE HAD DIARRHEA DURING THE THREE WEEKS BEFORE THEIR CAMP, CANNOT BE ACCEPTED WITHOUT A LETTER FROM THE FAMILY PHYSICIAN.

IF YOU HAVE ANY SPECIAL NEEDS OR CONCERNS YOU WOULD LIKE THE NURSE TO BE AWARE OF, PLEASE E-MAIL OUR HEALTH/SAFETY NURSE DIRECTLY AT health@campartaban.com ANY TIME. YOU CAN ALSO CONTACT THE CAMP OFFICE AT 604-980-0391. ADDITIONAL INFORMATION MAY BE SUBMITTED ON A SEPARATE SHEET.

RELEASE OF LIABILITY:

I certify that the information provided is correct and that the applicant is physically, mentally and emotionally fit to attend camp. I give permission for photographs of the camper to be used in future camp promotional material. I recognize that there is some element of risk in any adventure, sport or activity associated with outdoor activities in a wilderness area such as Camp Artaban. I understand and agree that in case of accident, sickness or undisclosed condition or inappropriate behaviour of my child during camp, parents/guardians are responsible for any expenses incurred. (It can cost up to \$190 for water taxi to Horseshoe Bay.) I give permission for the camp nurse or health worker to take any measures deemed necessary to maintain my child's health while at Camp Artaban, including any necessary emergency measures should they be unable to contact my family doctor or me at the time of an emergency. I release the Diocese of New Westminster, the Board of Directors of the Camp Artaban Society and their respective officers, employees, volunteers and agents from liability for claims for injuries or property loss arising from my child's attendance and participation in activities at Camp Artaban. I further agree to indemnify the said Board of Directors and hold them harmless from any such claims.

PARENT OR GUARDIAN SIGNATURE: _____ PRINT NAME: _____