



# CAMP ARTABAN 2012 ADULT 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: \_\_\_\_\_

Camper's Last Name: \_\_\_\_\_ Camper's First Name: \_\_\_\_\_

Birth date: YYYY \_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_ Gender: (circle) M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Church: (if applicable): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(local please)*

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><b>CHEQUE or CASH Payments:</b> 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 <b>June 10th</b> for Full Fee Payment.</p> <p>Cheques are payable to: <b>CAMP ARTABAN SOCIETY.</b> (A charge of \$25 will be applied for NSF cheques. )</p> <p>Current Payment \$ _____ Post-dated cheque \$ _____</p>	<p><b>VISA or MASTERCARD Payments:</b> 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.**

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



# CAMP ARTABAN 2012 ADULT HEALTH RECORD

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

Name: \_\_\_\_\_ Session Name/Date: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: YYYY \_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Care Card # \_\_\_\_\_

1. ARE YOU SUBJECT TO / DO YOU 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. DO YOU HAVE ALLERGIES? (attach additional information if needed)

Medication: \_\_\_\_\_ Reaction: \_\_\_\_\_

Food: \_\_\_\_\_ Reaction: \_\_\_\_\_ Epipen? \_\_\_\_\_

Other (i.e. bees) \_\_\_\_\_ Reaction: \_\_\_\_\_ Epipen? \_\_\_\_\_

3. DO YOU 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. DO YOU HAVE ANY SPECIAL DIFFICULTIES? DO YOU REQUIRE ANY EXTRA ASSISTANCE? IF SO, PLEASE DESCRIBE:

\_\_\_\_\_

6. DO YOU 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 the camper during camp, the camper is 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 health while at Camp Artaban, including any necessary emergency measures should they be unable to contact my family doctor or discuss it with 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 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.*

SIGNATURE: \_\_\_\_\_