

Registration Form

Choice of Camp Program _____ Program Dates _____

Name of Camper: _____ male female

Date of Birth: _____ Age @ Camp _____
month/day/year

Mailing Address: _____
street city postal code

Phone: _____ Church: _____

Parent/Guardian Name: _____

Email: _____

Alternate Emergency Names & Phone Numbers:

1. _____ 2. _____

Has your child been to camp before? _____ If not, how did you hear about Camp McDougall? _____

Name of one preferred cabin mate: _____

Sponsoring agency (if any): _____

I authorize the Sponsoring Agency to release required information to Camp McDougall: _____

Signature of parent/guardian

I authorize Camp McDougall to use photos of my child for promotional purposes: _____

Signature of parent/guardian

All registrations require a \$100 non-refundable deposit and postdated cheque for the balance, dated June 15, 2011. All registrations received after June 1 require full payment. A \$25 fee will be added to NSF cheques.

Please make cheques payable to Camp McDougall & Mail to our registrar, Denise Berg at the following address:

398 Connaught Ave.
Sault Ste.Marie, ON
P6C 2C9

After June 30th send to:

Camp McDougall
General Delivery
Thessalon, ON POR ILO
Ph. 842-2524 (after June 15th)

Camps run from **Sunday at 4:00pm to Friday at 5:00pm** unless otherwise stated. Campers are to arrange their own transportation to and from camp. There is a photo shoot on the last day of camp at 4pm. Please do not drop campers off early or pick up late as staff are not available for supervision.

HEALTH INFORMATION

Camper Name: _____

Health Card #: _____

Family Doctor: _____ Phone: _____

Allergies and Treatments: _____

Has your child had any medical or disabling conditions which would prevent full participation in camp activities? Yes No

If yes, please describe fully: _____

Is medication required at camp? Yes No

If yes, please explain: _____

Can Children's Tylenol be administered? Yes No

Date of last Tetanus shot: _____

Special dietary needs: _____

Health problems or other information of which we should be aware? (i.e. bed wetting, fears, behaviours, etc.) _____

On signing this application, the parent or guardian has made complete disclosure of the medical condition of his/her child and of other issues to the Director & Staff of Camp McDougall and consent:

- a) staff to obtain/approve any medical attention to the camper;
- b) to the camper's participation in all camp activities;
- c) that the child is willing to follow rules and policies of Camp.

Signature of Parent/Guardian: _____

Date: _____

Please attach additional page if more space is required

Counsellors provide 24 hour supervision. Our staff to camper ratio is approximately one staff to five campers; all are trained in First Aid and CPR Please note that Camp McDougall is a nut-aware environment. All staff are dedicated to providing campers with an exceptional camp experience.

Visit our Website @ www.campmcdougall.com

After June 15th you can call us @ Ph. 842-2524