

**2010 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: \_\_\_\_\_

I would like periodic camp updates:  yes  no

\_\_\_\_\_ Signature of parent/guardian

All registrations require a \$100 non-refundable deposit and postdated cheque for the balance, dated June 15, 2010.

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 15th send to:**

Camp McDougall

General Delivery

Thessalon, ON POR ILO

Ph. 842-2524 (after June 15th)

**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](http://www.campmcdougall.com)

After June 15<sup>th</sup> you can call us @ Ph. 842-2524