



2023 Summer Family Camp Registration Form

Family Name: _____

First Camper _____ D.O. B _____ Health Card # _____
(Full Name and Last Name)

Second Camper _____ D.O. B _____ Health Card # _____
(Full Name and Last Name)

Third Camper _____ D.O. B _____ Health Card # _____
(Full Name and Last Name)

Fourth Camper _____ D.O. B _____ Health Card # _____
(Full Name and Last Name)

Fifth Camper _____ D.O. B _____ Health Card # _____
(Full Name and Last Name)

Address: Street _____ City: _____ Prov _____ Postal Code _____

Phone: _____ Cell: _____ Email: _____

Full payment must accompany this Registration/Health form.

To reserve your camper(s) spot, please email the registration form to campmcdougall@gmail.com
Full payment must accompany registration forms to secure the camper's spot. If you require help with the costs of your camper attending camp, please email the camp, and we will be happy to try and help.

Acceptable forms of payment are cheques made out to Camp McDougall Inc

There will be a \$50.00 charge on any NSF cheques/ Please e-transfers to campmcdougall@gmail.com

If Mailing Registration, please send to: Please note email copy is required.

Camp McDougall – PO Box 22068, Cambrian PO, Sault Ste Marie, ON P6B 0E9.

Family Discount – There is no discount for Family camp week or in conjunction with another camp week.

Cancellation/Refund Policy:

A \$25.00 administration fee will be charged on cancellations received ten or more working days before the start of a camp.

A \$50.00 administration fee will be charged on cancellations received from zero to 9 working days before the start of a camp.

There will be no refunds once a session has started.

In case of withdrawal during camp due to a physician's order, a \$50.00 administration fee will be withheld from the refund. No refunds will be given for dismissals due to disciplinary action, late arrival, or early departure.

**Please Note: Registration starts at 4 pm On Sunday of Camp Week.
And Camp Ends on Friday at 3:00 pm.**

Family Camp McDougall: Camper Health Form

Please note the camper's name beside the concern.

ADD/ADHD Epilepsy Asthma Behaviour Concerns Bed Wetting Diabetes Heart Condition Autism Other Please Provide Details:

Allergy Information: Please note the camper's name beside the concern.

Does your child have an **epi-pen**? Yes or No

Please list and describe any allergies and the camper's possible reactions:

Please note that Camp McDougall tries to accommodate food allergies, but you will be notified if your camper's food allergies cannot be accommodated.

Dietary concerns: The camp accommodates medically related dietary needs.

Lifestyle dietary choices that require individual menu preparation cannot be accommodated.

Can all campers participate fully in the program? Yes or No If No, please explain:

All medications will be kept and given by parents or guardians.

Campers will be checked for lice/eggs/nits at the time of arrival at camp.

CONSENT TO TREATMENT:

1. To my knowledge, my child is in good health and has not been exposed to any serious and/or infectious disease, including lice, in the past four weeks. Suppose he/she becomes exposed to any serious/infectious disease between now and the camp departure time. In that case, I understand that the Camp must be notified if there are any changes in the weeks before attending camp.
2. I authorize the staff of Camp McDougall to provide medical attention to my child if needed. I agree to accept financial responsibility for any medical expenses above the benefits allowed by Provincial health and/or other insurance plans.
3. The medical advice has been such that further service is required, services that require the consent of the parents/guardians.
4. Where all attempts to contact the parents/guardians have failed, or where, due to the nature of the emergency, there is insufficient time to contact the parent/guardian, it shall be at the discretion of the Camp Director as to what steps are taken for the welfare and safety of the applicant.
5. In the case of a surgical emergency when a parent or guardian is not available for consultation, I hereby permit the physician selected by the Camp Director or Designate to hospitalize and secure proper treatment for my child as named above.
6. I hereby permit Camp McDougall's Staff Personnel to administer over-the-counter medication in case of minor injury and/or illness during my child's stay at Camp.
7. I also permit Camp Staff to provide Standard First Aid to my child as appropriate.

AUTHORIZATION

I accept full responsibility for the care of my children during Family Camp. I understand that waterfront supervision is the responsibility of parents or guardians.

I understand that pets are not permitted at Camp McDougall Inc unless they are licensed service animals.

I give full permission to use photographs, electronic and video images by Camp McDougall for promotional use in the media, Camp McDougall Inc publications or website and Facebook.

I have read, understood, and accepted the consent to treatment stated above. The information I have provided is true and accurate to the best of my knowledge.

As the parent or guardian of the campers I am bringing to camp, I acknowledge that all children I have registered for camp will always be in my care and control. Camp McDougall will provide programming but not direct supervision of any children.

**Please acknowledge that you have read and agree to the information above and that I agree _____
Initial Here**

Please note that all parents or guardians must each sign below acknowledging they agree to all the terms listed on this registration form.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____