

GOOD NEIGHBOUR MINISTRIES
YOUTH CAMP 2018
July 6th to July 9th UPPER CANADA CAMP

ALL INFORMATION MUST BE COMPLETED BEFORE YOU WILL BE CONSIDERED REGISTERED

MEDICAL

Campers First Name; _____ Last Name; _____

OHIP Health Card # _____ Height _____ ft. _____ in. Weight _____ lbs.

Last Tetanus Shot: _____ / _____ / _____ Last Immunization Date _____ / _____ / _____
D M Y D M Y

Does the camper have any allergies (including drugs & food) If yes explain _____

List special health-related diet requests _____

Is the camper currently receiving medication of any kind? If yes please list _____

Is the camper physically and emotionally fit to participate in the rigorous activities of camp life? _____

Name of family doctor: _____ Phone: (____) _____

The camp provides first aid on the campgrounds during the camp session.

CAMPER CONDUCT AGREEMENT

I agree that it is a privilege to attend camp. To honor that privilege I will abide by the guidelines set by the leadership of Good Neighbour Ministries concerning attendance, curfew, my attitude, and participation in activities respect towards camp leadership, respect toward fellow campers and respect to camp property. I understand that Upper Canada Camp is a **No Smoking** facility. I further acknowledge that all living quarters for females are off limits to males and all living quarters of males are off limits to females at all times. Proper Dress Code is in effect for all who attend the camp. Leaving the camp property without approval by camp staff will result in an automatic dismissal from camp.

CONDITIONS OF REGISTRATION – Please read carefully.

1. While every precaution shall be taken to ensure the good welfare and protection of the camper. Good Neighbour Ministries is hereby released from any and all liability in the event of any accident or misfortune that may occur to the camper. Each camper must be covered by OHIP or equivalent.

Camper's Signature _____ Parents Signature (if under 18) _____

Camper's email address _____ Date: _____