



# CAMP DOUGLAS MEDICAL APPLICATION FORM

Please fill out one form per camper. Online registration is also available at [www.campdouglas.ca](http://www.campdouglas.ca)  
 If your child has serious medical or behavioral needs we ask that you please contact Camp Douglas prior to registration.

Camper Last Name	Initial	First Name

Family Doctor Name	Physician's Phone Number
	(   )

Care Card Number

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Has your child been immunized against tetanus?

Y	N	If so, when?	
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Mild Allergies and/or Diet Restrictions	Diet X

**Severe Allergies**  
 Any campers that have severe allergic reactions that could be life-threatening are required to contact Camp Douglas prior to registration

OFFICE USE ONLY

Medications Taken:	Dosage	Times Taken

Swimming Ability:

Strong Swimmer

Able Swimmer

Weak Swimmer

Can Not Swim

Swim Level Achieved:

Is the camper able to participate in all land and water sports?

Y  N If "No", please explain:

In order for Camp Douglas to provide the best program for your child, please check the boxes that apply. If you require additional space, please feel free to enclose additional information on a separate sheet.

If you have marked any selections in the second column, please contact the Camp Director so we can make the proper arrangements for your child

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Nose Bleeds<br><input type="checkbox"/> Bed Wetting<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Shyness<br><input type="checkbox"/> Sun Stroke<br><input type="checkbox"/> Strep Throat | <input type="checkbox"/> Fear of the Dark<br><input type="checkbox"/> Home Sickness<br><input type="checkbox"/> Illness<br><input type="checkbox"/> Down Syndrome<br><input type="checkbox"/> Physically Disabled<br><input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Anger Outbursts<br><input type="checkbox"/> Limited Mobility<br><input type="checkbox"/> Behavioral Issue<br><input type="checkbox"/> Epilepsy |
|---|---|---|

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# CAMP DOUGLAS WAIVER AND AGREEMENTS

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## Waivers and Agreements

Please read the following waiver carefully. It includes release of liability and waiver of legal rights, and deprives you of the ability to sue certain parties. By agreeing electronically, you acknowledge that you have both read and understood all text presented to you as part of the registration process.

### Waiver

I agree that my child will follow all reasonable instructions and directions of the leaders and instructors duly appointed by Camp Douglas in connection with the operation of Camp Douglas as described in the brochure.

I hereby release, remise, and forever discharge Camp Douglas, its agents, and its volunteers of and from all manner of actions, claims, and demands of whatever nature which result from any loss, injury, or expense sustained, arising out of or in any way connected with participation in any program or attendance at a location operated by Camp Douglas.

In the event that my child is injured, ill, or in need of medical attention and I am unable to be contacted, I authorize the Camp Douglas staff to seek medical attention on my behalf. I also permit the Camp Douglas first aid attendant to offer children's Tylenol, throat lozenges, and antacids as needed.

I authorize Camp Douglas to use any photographs taken of my child while participating in Camp Douglas programs for future Camp Douglas brochures and promotional material/media. By signing, I am aware of and agree that my child will comply with the rules regarding no alcohol, no recreational drugs, no violence, and no sexual activity at Camp Douglas.

**Signed**

**Dated**

**Please be sure to enclose the following with your application and mail to:**

### Before June 28

11858 216th Street  
Maple Ridge, BC  
V2X 5H8

### After June 28th

RR#22 1341 Margaret Road  
Roberts Creek, BC  
V0N 2W2

### Registration Checklist:

- X
- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Camper Application for <b>each</b> camper |
| <input type="checkbox"/>            | Medical information read and filled       |
| <input type="checkbox"/>            | Cheque or money order enclosed            |
| <input type="checkbox"/>            | Waiver read, signed and dated             |

Please list the following people who have permission to drop off or pick up your child. We will not release your child to any unauthorized persons.

- 1.
- 2.
- 3.
- 4.
- 5.