CAMP DOUGLAS REGISTRATION FORM

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

Са	mper Last Name			Initial	First Name (preferred	d name in b	rackets)	
Home Address				City			Prov. I	Postal Code
					A (CI):			
Birth Date (MM-DD-YY) Gender Grade Complete			Grade Completed	Church	Affiliation	Camper E	Email Address	
	By regis	You are this perso tering a child under 1	on's legal guardian. You 3, you are consenting to	nust be the the collection	ne parent or legal guardia on of the child's informati	an to register ion you are p	someone under 18 years roviding for the purposes	s old. of registration.
Name of Parental Guardian						Relation t	o Camper	
115	na a Niverala a r	Oth or /v		I A	ddaaa			
H0	me Number	Other (w	/ork/ceii)	Email A	Address			
						Dalatian t	. 0	
Alternate Contact Person					Relation t	o Camper		
L H	me Number	Other (w	vork/cell)	Email A	uddress			
110)	/ \	roin/ceii)	Lillali F	NUUI 533			
_ (,	()						
Х	Overnight Rate Before Jun 01	Overnight Rate On Jun 01	Camp Attending				Date	Ages
	\$370	\$390		Small Fry/J	unior 1 Camp		June 28-July 3	5-10
	\$370	\$390		Intermedia	ate 1 Camp		July 5-10	11-13
	\$370	\$390	Focus Camp (focuse	s in things	such as science, sports	& fine art)	July 12-17	8-12
	\$630	\$650	Le	aders-in-Tr	aining 1 Camp		June 28-July 17	15-16
	\$630	\$650	Le		aining 2 Camp		August 3-21	15-16
	\$370	\$390		Girls Camp			July 19-24	8-12
	\$320	\$350	**		Junior 2 Camp		Aug 3-7	5-10
	\$370	\$390			ate 2 Camp		Aug 9-14	11-13
de de de	\$370	\$390	l		Camp		Aug 16-21	14-16
***P	ease note that Sma	all Fry/Junior 2 Cam	p begins on the Mond	ay in ordei	to accommodate the	BC Day we	ekend.	
На	s your child been to	Camp Douglas be	fore? Y N	Lwis	sh to pay by credit card	d		
If so, how many years?					to pay by or care care	~		
Names of desired Cabin Mates:				Mast	erCard Visa		Amex	
	11100 01 4001104 045	iii watoo.		WIGO	Viou	Ш′	unox	
Other Non-Medical Comments:				Name on Credit Card				
Cities Non-weated comments.				Name on oreal oald				
				Credit Card Number				
				I wish to pay by check (payable to Camp Douglas).				
Note: If the person paying for camper fees is different and they are filing a "Child Fitness Amount" on their income tax, please provide their mailing address			Registrations mailed before June 28 must be sent to: Camp Douglas 11858 216 St., Maple Ridge, BC, V2X 5H8 Registrations mailed after June 28 must be sent to: 1341 Margaret Road, RR 22, Roberts Creek BC V0N 2W2					

CAMP DOUGLAS MEDICAL APPLICATION FORM

Please fill out one form per camper. Online registration is also available at 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		Phys	sician's Phone Number
)
Care Card Number	Has Y	your child been immunized against N If so, when?	tetanus?
Mild Allergies and/or Diet Restrictions Diet		vere allergic reactions that could be life- stration	threatening are required to contact
Medications Taken:		Dosage	Times Taken
	the camper able to participate all land and water sports? 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	Nose Bleeds Bed Wetting Asthma Shyness Sun Stroke Strep Throat	Fear of the Dark Home Sickness Illness Down Syndrome Physically Disabled ADHD	Anger Outbursts Limited Mobility Behavioral Issue Epilepsy

If your child has serious medical or behavioral needs we ask that you please contact Camp Douglas prior to registration.

CAMP DOUGLAS WAIVER AND AGREEMENTS

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

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, Polysporin, Benadryl, Midol, 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	
	Camper Application for each campe
	Medical information read and filled
	Cheque or money order enclosed
	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