

CAMPER INFORMATION:

Camper Name: _____ Sex: _____
Mailing Address: _____ City: _____ Postal Code: _____
Phone: _____ Email for camp confirmation: _____
Date of Birth: _____ Age as of Sept 2020: _____ Grade as of Sept 2020: _____
Home Church: _____

Cabin Mate(s) Request: _____
**requests cannot be guaranteed*

Does this camper receive any type of additional support at school? Y N
Is this camper under the care of a physician for any ongoing physical, emotional or developmental conditions? Y N
Has this camper experienced any type of physical, mental or emotional trauma or stress? Y N
If yes to any of the above questions, please provide additional information on the back of this form. All information will be kept confidential.

EMERGENCY CONTACTS:

Primary Contact (parent/guardian) while at camp

Name: _____
Address: _____ City: _____ Postal Code: _____
Day Phone: _____ Cell: _____ Email: _____

Secondary Contact (if parent/guardian is unavailable while camper is at camp)

Name: _____
Address: _____ City: _____ Postal Code: _____
Day Phone: _____ Cell: _____ Email: _____

REGISTRATION FEES:

High School Camp	June 28 – July 4, 2020	Grades 9 – 12	_____
Junior Camp	July 5 – July 11, 2020	Grades 4 – 6	_____
Junior High Camp	July 12 – July 18, 2020	Grades 6 – 8	_____

TOTAL DUE BEFORE JUNE 1ST: \$325 TOTAL DUE AFTER JUNE 1ST: \$375

FYI...

- Please respect that Check-in is on Sunday between 2:00pm - 4:00pm and Check-out is on Saturday at 10:00am.
- Campers may spend a maximum of \$25 per week on snacks and drinks in the canteen.
- Cheques should be made payable to Bonnechere Baptist Camp.
- Bonnechere is unable to cater to food allergies.
- Parents/Guardians may be held responsible for damages to camp facilities and grounds.
- The camp phone is for camp use and will only be available to campers at the discretion of the director.
- No electronic devices are permitted in dorms and cell phones are not to be left with campers. Cell phones brought to camp will be held for safe keeping.
- Camp dress code is in effect - NO tube tops/ halter tops, NO shorts higher than mid thigh, NO two piece bathing suits.
- A completed medical form must accompany registration.
- You will be contacted via email to confirm registration.

I give permission to use pictures of the above named camper for promotion unless otherwise stated: Y N

Parent Signature: _____ Printed Name: _____

Mailed in registrations should be sent to:

Bonnechere Baptist Camp, c/o First Baptist Church, 279 Alicia Street, Arnprior, ON K7S 1H6

Please email inquiries to bonnecherebaptistcamp.youthreg@gmail.com.
For more information including directions and what to bring please visit bonnecherebaptistcamp.ca.

**Both pages to be filled out by parents(s)/guardian*

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Health Card #: _____ Date of last tetanus injection: _____

1. Please list ALL medications the camper will be bringing to camp (attach additional sheet if necessary)

Medication	Dosage	Time(s)	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please list all allergies: _____

i) Anaphylactic reactions to: _____ by ingestion / by touch / by smell

ii) Does your child have an Epipen? Y N If yes, are they required to carry an Epipen at all times? Y N

iii) Describe the most likely reaction to contact with allergens _____

3. General Questions (explain yes answers in space provided) - Has/does the participant:

1. Had any recent injury, illness or infectious disease? Y N _____
2. Have a chronic history of recurring illness/condition? Y N _____
3. Ever been hospitalized? Y N _____
4. Ever had surgery? Y N _____
5. Have frequent headaches? Y N _____
6. Ever had a head injury? Y N _____
7. Ever been knocked unconscious? Y N _____
8. Ever had frequent ear infections? Y N _____
9. Ever passed out during or after exercise? Y N _____
10. Ever been dizzy during or after exercise? Y N _____
11. Ever had seizures? Y N _____
12. Ever had chest pain during or after exercise? Y N _____
13. Ever had high blood pressure? Y N _____
14. Ever been diagnosed with a heart murmur? Y N _____
15. Ever had back problems? Y N _____
16. Ever had problems with joints (knees, ankles)? Y N _____
17. Have an orthodontic appliance being brought to camp? Y N _____
18. Wear eye glasses, contacts or protective eye wear? Y N _____
19. Have a hearing aid? Y N _____
20. Have an orthopaedic appliance being brought to camp? Y N _____
21. Have any skin problems (e.g. itching, rash)? Y N _____
22. Have diabetes? Y N _____
23. Have asthma? Y N _____

- 24. Had Mononucleosis in the past 12 months? Y N _____
- 25. Had problems with diarrhea/constipation? Y N _____
- 26. Suffer from sore throats or stomach problems frequently? Y N _____
- 27. Have problems with sleep walking? Y N _____
- 28. If female, have an abnormal menstrual history? Y N _____
- 29. Have a history of bed wetting? Y N _____
- 30. Ever had an eating disorder? Y N _____
- 31. Ever had emotional difficulties for which professional help was sought? Y N _____
- 32. Ever had chicken pox? Y N _____
- 33. Do you consider home sickness to be a potential problem? Y N _____

5. Please use this space to provide any additional information about the participant's behaviour, physical, emotional, or mental health that the camp should be aware of (i.e. difficulty in crowds, noise, supports received at school, etc.)

- a) All medications are to be left with camp medical personnel upon registration.
- b) Over the counter medications (ie Advil, Tylenol, Benadryl) will be administered if deemed appropriate.
- c) While every precaution shall be taken to ensure the good welfare and protection of the applicant camper, Bonnechere Baptist Camp, it's Directors, Board Members, staff members or employees, or facilities outside the camp grounds are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper.
- d) The camp is empowered to obtain emergency medical treatment. In case of surgical Emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, to order surgery injection, anaesthesia for my child as named above.

Family Doctor Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Family Dentist Name: _____ Phone: _____

Signature of parent/guardian certifying above conditions and information: _____

Date: _____

EMERGENCY CONTACTS:

Primary Contact (parent/guardian) while at camp

Name: _____

Address: _____

Day Phone: _____ Cell: _____ Email: _____

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