

Registration Form

Winter Retreat 2012

Location:

New Life Camp,
473289 Camp Oliver Road,
R.R. 1 Priceville, Ontario NoC 1K0
T: 519-369-3366

Dates:

Arrive:
Friday February 17th at 8:00 pm

Depart:
Sunday February 21st at 1:00 pm

Part A) Applicant Information

Given Name _____
Street Address _____
Province/State _____
Date of Birth (M/D/Y) _____
E-mail _____
Grade level (current) _____

Surname _____
City _____
Postal Code _____
Gender: (Circle) M / F

Part B) Emergency Contact Information & Health Card Number

Provincial Health Insurance Number _____

Name of Family Physician: _____

Physician's Phone Number: _____

Parent/Guardian phone number: _____

Parent/Guardian emergency number: _____

Emergency contact's name: _____

Emergency contact's number: _____

*Emergency contact will be called if the Parent/Guardian cannot be reached.

I agree with the above statements and acknowledge that I have given the most accurate and current medical information possible.

Parent/guardian signature (required) or Applicant if over 18

Date

Supplementary Information: _____

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Part C) Payment (Includes: food, lodging Excludes: transportation to and from retreat)

Registration deadline:

January 31st 2012

Total included with application

\$ 85.00

Please note that \$15.00 of the application fee is a non refundable deposit required to hold your spot.
Please include a cheque with your application post-dated no later than January 31st, 2012.

Cheques should be made out to and mailed with application to:

“GENERATIONS CAMP MINISTRIES”

Lynn Lawrence
211 Boul De L’Ile
Pincourt, PQ J7V 3R6

Part D) Parental Consent & Photo Release

Please be informed that photos are taken during the winter retreat; some of these photos may be used on our webpage, or in Worldwide Church of God/Grace Communion International publications. Generally participants are not identified by name. We cannot guarantee a group photo including applicant will not be used.

Camp Connections may use any photos and videotapes taken that include the applicant at any camp event in its publications or those of its sponsors, Friends of Camp Connections, Generations Camp Ministry and Grace Communion International.

Parent/guardian signature

Date

Part E) Disclaimer

I recognize the risks of physical activities. I am satisfied with the precautions taken for the health and safety of my child at the retreat. I covenant not to sue and to release, indemnify and save and hold harmless, the Worldwide Church of God, the Camp Connections Camp Planning Team, New Life Camp and all their affiliated organizations and boards of trustees or directors, officers, agents and employees, and counselors or helpers, from and against claims or suits brought against the Church, camp or New Life Camp based upon or resulting from material, moral or bodily injuries sustained by the participant arising out of, or in the course of, attendance at the retreat. **I have read the above disclaimer and agree to abide by it. I will send my cheque, payable to “Generations Camp Ministries”, to Lynn Lawrence, 211 Boul de L’ile, Pincourt, Quebec J7V 3R6 by February 8th, 2010. I am aware that \$15.00 of the \$85.00 fee is a non-refundable deposit.**

Parent/guardian signature (required)

Date

Part F) Applicant Code of Conduct Declaration

As a participant, I will strive towards conduct as defined by Jesus Christ in the two great commandments, "love towards God, and love towards neighbour." I understand that the expectations at the winter retreat include being respectful and cooperative, reflecting modesty in dress and appearance as appropriate for the activity, abstaining from pairing off, sexual activity, offensive language, possession or use of intoxicants, or illegal drugs. I understand that I am expected to participate fully in all activities, unless exempted for reasons approved by administration. I understand that I am to wear appropriate clothing for the activities, as outlined on the application form. I understand that failing to abide by the rules and standards at the retreat can result in my being sent home at the expense of my family.

Camper signature (required)

Date

Part G) Health Insurance and Liability Waiver

Without exception, all participants **must bring their provincial health card** (or equivalent if visiting from outside of Canada) to the winter retreat with them. Applicant **must** be covered by Provincial Health Insurance or equivalent medical insurance.

The Camp program requires campers to engage in a wide range of physical activities. Good health and fitness are important. Precautions are taken for the safety and health of campers, but in the event of accident or sickness, Grace Communion International, its staff, and its volunteers are hereby released from any liability.

Part H) Medical Issues and Administration of Medication

By law, the administration of medication, including over-the-counter medication (such as Tylenol and Aspirin) to campers or personnel 18 or under **MUST** be approved by a legal guardian, and administered by the appointed health personnel. In the event that a participant requires medical attention while at the winter retreat, on site first aid personnel will assess the situation and deal with minor injuries, including the administering of over-the-counter medications when deemed appropriate. In the event of a medical emergency, or other health issue deemed to require further medical attention, the situation will be referred to the local hospital or clinic. The parent/guardian will be notified immediately of any serious medical issues including the need for special medication, x-rays, or other serious treatments.

In case of surgical emergency, I hereby give permissions to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/guardian signature (required)

Date

Health Form

Part I) Medical Information (of Applicant whose name appears at the top of this page)

1) Does applicant have any allergies? (Bee stings, food, penicillin, other drugs, plants) Yes No

If you checked 'yes', please list all allergies and/or dietary restrictions: _____

*While it is not possible to cater to food preferences, allergies will be respected if we are informed in advance.

Are any of these allergies life threatening? Please explain. _____

2) Will applicant be bringing any medication with him/her to the winter retreat? (Antibiotics, ventilator, Ritalin)
Please explain: _____

3) Please indicate with a ✓ if applicant currently, or within the last three months, has had any of the following:

- | | | | |
|---------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Severe Stomach Ache |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Measles (Red) |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Fainting | <input type="checkbox"/> Measles (German) |
| <input type="checkbox"/> Other _____ | | | |

4) Does applicant have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Please explain. _____

5) Does applicant have a special, identified, learning challenge? Yes No

If you checked 'yes', please identify any strategies that may help applicant when faced with a new challenge. Many new activities are introduced within the context of Camp and we attempt to meet all needs in this area. _____

6) Will applicant be bringing any medication with him/her to the winter retreat? (Antibiotics, ventilator, Ritalin)
Please explain: _____

~~~ PLEASE COMPLETE THE NEXT PAGE AS WELL ~~~

## Health Form

7) Please indicate with a ✓ if applicant currently, or within the last three months, has had any of the following:

- |                                       |                                        |                                    |                                              |
|---------------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mumps               |
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Severe Stomach Ache |
| <input type="checkbox"/> Tonsillitis  | <input type="checkbox"/> Bedwetting    | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Measles (Red)       |
| <input type="checkbox"/> Sinusitis    | <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Fainting  | <input type="checkbox"/> Measles (German)    |
| <input type="checkbox"/> Other _____  |                                        |                                    |                                              |

8) Does applicant have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Please explain. \_\_\_\_\_  
\_\_\_\_\_

9) Does applicant have a special, identified, learning challenge?  Yes       No

If you checked 'yes', please identify any strategies that may help applicant when faced with a new challenge. Many new activities are introduced within the context of Camp and we attempt to meet all needs in this area. \_\_\_\_\_  
\_\_\_\_\_

