

United Church Loon Bay Youth Camps 2011

The Loon Bay Camp Board endeavours to make the camp experience available to as many children as possible.

Campers who wish to attend more than one camp should indicate first and second choices.

Acceptance to a second camp will be based on availability of space.

For applications for one camp only, place an **X** next to the camp you wish to attend. (**Appropriate camp should be chosen based on camper's age by December 31, 2011**)

<input type="checkbox"/> Camp I	Teen (14-16 years)	July 10-13
<input type="checkbox"/> Camp II	Junior (7-10 years)	July 17-20
<input type="checkbox"/> Camp III	Intermediate (11-13 years)	July 24-27
<input type="checkbox"/> Camp IV	Teen (14-16 years)	August 7-10
<input type="checkbox"/> Camp V	Intermediate (11-13 years)	August 14-17

Name: _____ Gender: M__ F__ Age: _____

Mailing Address: _____

Postal Code: _____ Email: _____

Parent/guardian name(s): _____

Phone: Home _____ Work _____

Have you attended Loon Bay Camp before: Yes ___ No ___

Home Church: _____

Campers are placed in small groups for some activities and chores. Campers may choose one person that (s)he would like to be in a group with (make sure campers name each other). We may not be able to accommodate all requests.

Name: _____

DEADLINE FOR REGISTRATION IS JULY 1 FOR ALL CAMPS

Registration fee for camps I-V is \$75 per camper. A deposit of \$40 is required with the application. The remainder is due upon arrival at the camp.

Cheque or money order to be made payable to the United Church Loon Bay Camp and mailed with this application *and* completed health form to:

Loon Bay Camp c/o Gary Ross
P.O. Box 1439

Lewisporte, NL, A0G 3A0

Applications will be accepted based on postmarked date.

**HAND DELIVERED, EMAILED OR PHONED IN APPLICATIONS
NOT ACCEPTED.**

Any inquiries pertaining to this application should be directed to the volunteer registrar's voice mail at 535-2990. The registrar will get back to you. Please respect the privacy of our volunteer registrar and refrain from calling him/her at home.

**No child will be accepted for camp without all portions of the
application and health form being completed.**

Please note that health care at camp will be provided by a trained first aider unless a volunteer nurse is available.

Priority will be given to United Church families until June 15st. Thereafter, applications will be accepted as they arrive.

Signature of parent/guardian

Date

Photos taken at camp may be used for promotional purposes. Please sign below if you give permission for your child's photo to be used in this way.

Signature of parent/guardian

Date

Camper Health Record
United Church Loon Bay Camp

Camper Name: _____ Male ___ Female ___
Last / First

Date of Birth: _____ MCP number _____
Month/Day/Year

Address: _____

Home phone number: _____

Names of parent(s) or guardian(s) and phone numbers at work:

Name and phone number of alternate contact:

Family Doctor: _____ Phone Number: _____

We make every effort to accommodate campers with medical problems or disabilities. It is important for us to be aware of these in order to ensure the comfort and safety of your child.
Use separate sheet if necessary.

Check any conditions that may be useful for the camp staff to know:

Bed wetting ___ Poor appetite ___ Fear of dark ___ Sleep walking ___

Other (please describe) _____

Has camper had booster shots? ___ Kindergarten ___ 14-16yrs

Allergies? Yes ___ No ___

Allergy to drug(s) (specify): _____

Food Allergy: _____

Allergy to bee stings ___ Allergy to wasp stings ___

Other allergies (specify): _____

Type of allergic reaction (rash, hay fever, breathing difficulties, etc.):

Does the camper have: Asthma _____ Hay fever _____

Does (s)he use an inhaler(puffer)? Yes ___ No ___

Should (s)he carry the inhaler for emergency use? Yes ___ No ___ N/A ___

Is there any reason why the camper cannot participate in all camp activities?
(ie: swimming, canoeing, hiking, running, etc.) If so, please list any
restrictions: _____

Any medications to be given at camp? Yes ___ No ___

List prescription medications as well as any other medications that the parent wants to be given at camp if needed (such as benadryl, gravol, tylenol). Parents must discuss these with camp health care staff on child's arrival at camp.

Name of medication: _____

Times to be taken: _____

Any special instructions: _____

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Any special instructions: _____

All medications brought to camp must be given to the health care worker at registration. Exceptions: (1) Epipens (2) Inhalers needed by camper for emergency use.

1. Send medication in a pharmacy bottle with name of camper, medication and dosage information clearly visible.
2. Epipens and inhalers for emergency use should be carried in a fanny pack. (Two epipens may be necessary with severe allergies due to distance from camp to hospital).

To the best of my knowledge my child is in good health. I will notify the camp if my child is exposed to an infectious disease during the three weeks prior to arriving at camp. The camp health care worker has my permission to administer the medication as listed on the health care form. In case of emergency, I understand that every effort will be made to contact me (or contact person). In the event I cannot be reached, I hereby give my permission to the physician selected by the camp director and/or health care worker to hospitalize, secure proper treatment, order injection, anaesthetic or surgery for my child.

Parent's Signature: _____

Camp Number: ___ Camp Date: _____

Please indicate if you wish to receive a call from the Health Care Coordinator prior to arrival at camp to discuss any health and/or other confidential concerns. Yes ___ No ___

Please note that all information on this form will remain confidential.