

Camp Wegesezum DAY CAMP Registration 2017

August 21, 2017 – August 25, 2017

Monday-Wednesday 8:30 am – 4:00 pm / Thursday – overnight ends Friday at 2pm, family welcome for closing BBQ @ Noon.

Registration by mail or email with INTERAC e-Transfer

Rev. Betty-Jean Friedman, 88 Hillcrest Ave., Chipman, NB E4A 1X9
or email to gr8fulsoul@aol.com



In person: at Chipman United Church 204 Main St – call first to be sure Sydney is there, 339-6827.

2017 Cost of Day Camp is \$100.00/camper.

Guaranteed Registration closes August 4, 2017. All forms and payment required.

Camper's Name: _____ M / F

Cabin Mate Request: _____

Date of Birth: _____ / _____ / _____ Age (at time of camp): _____
Month / Day / Year

Address: _____ Email: _____

City: _____ Prov: _____ Country: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Medicare #: _____ Expiry: _____

Family Doctor: _____ Phone: _____

Has the camper had a tetanus shot in the last 5 years? Yes No Not sure (circle one)

Does the camper require special medical attention or treatment (prior existing condition, allergies, medication, etc)
Yes No Details if yes: _____

Emergency contact person: _____ Relationship to Camper: _____

Phone # _____ Cell Phone: _____

Work # _____ Other # _____

Second contact: _____ Relationship: _____ Phone # _____

To the parent/guardian: I believe my child to be medically fit to undertake all normal camp activities. I also certify that I will not bring my child to camp if he/she has symptoms of communicable diseases.

I hereby give permission to the Camp Director or designate to authorize such medical treatment for my child as deemed necessary by authorized hospital emergency room personnel or a licensed practitioner.

If rules are not followed, parents will be notified and the camper may be asked to leave. While every precaution will be taken to ensure the good welfare and protection of the applicant camper, CAMP WEGESEGUM, its DIRECTOR, STAFF, BOARD OF DIRECTORS, and off-site employees, are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper.

As campers will not bring cell phones to camp, parents may call the director at **(506) 339-6545** if they need to get a message to their child.

Parent (Legal Guardian) Signature

Date

Camp Wegesezum Inc. Medication Permission Form



Camper's Name: _____

Permission is given to provide my child with the following non-prescription medication provided as is necessary during camp:

***Please indicate medications that have been taken previously at home**

Acetaminophen (Tylenol) ____ Taken at home ____ yes ____ no

Ibuprofen (Advil) ____ Taken at home ____ yes ____ no

Antihistamine ____ Taken at home ____ yes ____ no

Anti-nauseant (Gravol) ____ Taken at home ____ yes ____ no

Other _____

Signature (parent/guardian): _____

Date: _____

Camp Wegesezum Inc. Photo Release Permission Form

For use by those **under 16 years of age:**

I hereby give consent to Camp Wegesezum Inc. to photograph and/or record my child through audio or video and to use this material in whole or in part through television, film, web page, multi-media, radio, presentation, audiotape, videotape, display or in printed form for the promotion of Camp Wegesezum. I transfer any and all rights, including copyright, which my child or I may have in this material to Camp Wegesezum.

Printed Name: _____

Signature: _____
(Parent/Guardian)

Date: _____