

# Camp Koolaree 2018 Registration Form

Note: Information labeled in **bold** must be provided.

Please mail your completed registration form, along with your payment, to:

**Camp Koolaree**  
1300 Pine Ave  
Trail, BC V1R 4E6

**Camp choice:** (circle one)

**Outpost  
Teen**  
July 9–14  
(going into  
Grades 8–12)

**Co-ed  
Novice**  
July 16–19  
(going into  
Grades 2–4)

**Intergenerational**  
July 23–28  
(All ages, but children must  
be accompanied by an adult)

**Jr. Boy**  
July 30–Aug.  
4  
(going into  
Grades 5–7)

**Co-Ed  
Teen**  
August 6–11  
(going into  
Grades 8–12)

**Jr. Girls**  
August 13–  
18  
(going into  
Grades 5–7)

## Camper's Information:

**Surname:** \_\_\_\_\_ **Given Name:** \_\_\_\_\_ **M** \_\_\_ **F** \_\_\_ **Other** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade Completed:** \_\_\_\_\_ **Can you swim? Yes** \_\_\_ **No** \_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Contact Phone: (Day)** \_\_\_\_\_ **(Night)** \_\_\_\_\_ **Text:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Text:** \_\_\_\_\_

**Name of person(s) who will pick up camper after camp:** \_\_\_\_\_  
(Camper will be released only to the person(s) named and they will be required to sign here at the time of pick up.)

**Church Affiliation:** \_\_\_\_\_ **Minister:** \_\_\_\_\_

**CARE CARD NO:** \_\_\_\_\_ **Family Doctor:** \_\_\_\_\_

**Doctor's Phone:** \_\_\_\_\_

To assist us in ensuring that your child has a happy, healthy time at camp, you are asked to provide the following information. Please help us avoid confusion by **checking the box(es) beside the condition(s) this camper is affected by:**

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> asthma        | <input type="checkbox"/> skin condition  | <input type="checkbox"/> crying outbursts | <input type="checkbox"/> fear of the dark | <input type="checkbox"/> heart disease |
| <input type="checkbox"/> hyperactivity | <input type="checkbox"/> anger outbursts | <input type="checkbox"/> allergies        | <input type="checkbox"/> bed wetting      | <input type="checkbox"/> homesickness  |
| <input type="checkbox"/> bronchitis    | <input type="checkbox"/> nose bleeds     | <input type="checkbox"/> insect stings    |   | <input type="checkbox"/> sleepwalking  |

**Is this camper immunized against tetanus? YES NO Don't know**

**If this camper is allergic to any medications, please identify:** \_\_\_\_\_

**If this camper is taking any prescribed medication, please identify it here with the dosage and frequency:** \_\_\_\_\_

**NOTE:** All medication must be given to the camp nurse upon arrival at camp. Parents/guardians are encouraged to discuss any concerns with the nurse prior to the campers boarding the boat for the camp.

**If this camper has any dietary allergies or restrictions, please list here:** \_\_\_\_\_

**Number of years this camper has previously attended Camp Koolaree:** \_\_\_\_\_

First time campers ONLY may request a cabin assignment with a specific other camper: \_\_\_\_\_

**Please circle camper's t-shirt size:**

Youth Medium | Youth Large | Adult Small | Adult Medium | Adult Large | Adult X-Large | Adult XX-Large

**Camper Agreement:** I want to go to Camp Koolaree because:

\_\_\_\_\_  
\_\_\_\_\_

I agree to participate in all camp activities, to follow the camp rules and all reasonable instructions and directions of the leaders and instructors of Camp Koolaree. I realize that if I break this agreement, I can be asked to leave Camp Koolaree and that any refund of camp fees, in whole or in part, will be at the discretion of the Camp Koolaree Board of Directors.

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Consent and Medical Release:**

As the parent/guardian of the camper named on this registration I believe that the information provided is accurate and I give my child permission to attend Camp Koolaree. I agree that my child will follow all reasonable instructions and directions of the leaders and instructors duly appointed by Camp Koolaree in connection with the operation of the camp program. I hereby release, remise, and forever discharge Camp Koolaree, its agents or volunteers, of and from all manner of actions, causes of action, claims and demands of whatever nature which result from any injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by Camp Koolaree. **In case of medical emergency I understand that every reasonable effort will be made to contact me. In the event that I cannot be contacted, I hereby give permission to the physician selected by the Camp Director and/or camp nurse to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this registration form.** I further agree that I will be responsible for the expenses incurred in obtaining said medical attention. Having read and understood the above and answered all questions to the best of my ability, I hereby sign below as parent or legal guardian.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Photographs taken on behalf of Camp Koolaree become the property of Camp Koolaree and may be used in its brochures and other promotional material. **If you do not wish pictures of yourself or your child used in this way, please contact us.**

[ ] By checking here, you authorize Camp Koolaree to send you information on their organization only. The information you have given will not be released to third parties without your written consent unless required by law. If you wish to be removed from the Camp Koolaree mailing list, you can do so at any time by emailing the camp at info@campkoolaree.ca, or by mail to: **Camp Koolaree, 1300 Pine Ave Trail, BC V1R 4E6**

**PAYMENT INFORMATION**

**Total or partial financial assistance required?** NO YES

If YES a representative of the Camp Board will contact you or your agency. Confidentiality is assured.

**Please indicate how you are paying for this camper's registration:**

(circle one): Cheque    PayPal (on website)

**Receipt required?** NO YES

**Amount Paid:** (Please circle)

Amount per Camper		
Novice (Early Bird) before June 1	\$270	Regular \$300
Junior (Early Bird) before June 1	\$345,	Regular \$375
Teen (Early Bird) before June 1	\$345,	Regular \$375
Intergenerational Family Maximum \$1200 (under 6 yrs. – free)		
<b>Sustainable Fee:</b> \$465 – this is what we would need to charge every camper		

without the grants and donations we receive from our community.  
Please, consider paying this full amount if you are able.