

ADVENTURE NARNIA 2015

REGISTRATION FORM

Primary Contact

Last Name: _____ First Name: _____

Relationship to Camper(s): _____ (e.g., "mother", "grandfather")

Gender: ____ Email: _____

Street Address: _____

City: _____

Province: _____ Country: _____ Postal Code: _____

Phone # 1: () _____ - _____ (cell / home / work)

Phone # 2: () _____ - _____ (cell / home / work)

Preferred Communication:

() Phone () Email () Snail Mail

Secondary Contact

Last Name: _____ First Name: _____

Relationship to Camper(s): _____ (e.g., "mother", "grandfather")

Gender: ____ Email: _____

Street Address: _____

City: _____

Province: _____ Country: _____ Postal Code: _____

Phone # 1: () _____ - _____ (cell / home / work)

Phone # 2: () _____ - _____ (cell / home / work)

Camper 1

Last Name: _____ First Name: _____

Birthdate (yyyy/mm/dd): _____ Age as of July 13th, 2015: _____

Legal custody of (Circle/**bold** one):

Primary Contact

Secondary Contact

Both

T-shirt Size (Circle/**bold** one):

Youth X-Small

Youth Small

Youth Medium

Youth Large

Youth X-Large

Adult Small

Adult Medium

Adult Large

Adult X-Large

Adult 2X-Large

Adult 3X-Large

Camper Relationship to Primary Contact (Circle/**bold** one): _____

Camper Relationship to Secondary Contact (Circle/**bold** one): _____

Name(s) of preferred group friend(s)

(i.e., other campers s/he would like to be with in the same group):

Friend 1: _____ Friend 2: _____

Friend 3: _____ Friend 4: _____

***Please note that we cannot guarantee the placement of friends in the same group.**

Custody Restrictions

YES____ NO____

If so, please attach court order and state general conditions here: _____

Names of people **NOT AUTHORIZED** to have access to child: _____

Health Information

TO BE COMPLETED BY PARENT/GUARDIAN

BC Medical Health Number: _____

Physician Name: _____ Physician Phone #: () _____ - _____

In case of a medical emergency or illness, Primary and/or Secondary contacts will be notified. Please indicate any FURTHER contacts to be notified in case of such emergencies:

Contact 1: _____ Relationship to Camper: _____

Phone # 1: () _____ - _____ (cell / home / work)

Phone # 2: () _____ - _____ (cell / home / work)

Contact 2: _____ Relationship to Camper: _____

Phone # 1: () _____ - _____ (cell / home / work)

Phone # 2: () _____ - _____ (cell / home / work)

Does this child have any medical conditions we need to be aware of? (Yes / No)

If yes, explain: _____

Does this child have any special needs? (Yes / No)

If yes, explain: _____

If your child requires a support worker, please note that we are not able to provide that care, but will gladly work with whoever is assigned to accommodate the camper's experience.

ALLERGIES:

Has he/she been stung before? YES___ NO___

Is he/she allergic to bee/wasp/hornet stings? YES___ NO___

If yes, does he/she have an Antikit/Epipen? YES___ NO___

Please specify which foods (if any) he/she is allergic to (please print):

Please specify which drugs (if any) he/she is allergic to (please print):

Is/are the allergic reaction(s) anaphylactic? YES___ NO___

MEDICATIONS: Please be sure to bring all necessary prescriptions to camp in original packaging. Our camp is stocked with basic medicines and first aid supplies only. All medications must be in the original container with your name and instructions for use clearly visible.

Medication: _____ Dosage: _____ Times: _____

Reason: _____

Camper 2

Last Name: _____ First Name: _____

Birthdate (yyyy/mm/dd): _____ Age as of July 13th, 2015: _____

Legal custody of (Circle/**bold** one):

Primary Contact

Secondary Contact

Both

T-shirt Size (Circle/**bold** one):

Youth X-Small

Youth Small

Youth Medium

Youth Large

Youth X-Large

Adult Small

Adult Medium

Adult Large

Adult X-Large

Adult 2X-Large

Adult 3X-Large

Camper Relationship to Primary Contact (Circle/**bold** one): _____

Camper Relationship to Secondary Contact (Circle/**bold** one): _____

Name(s) of preferred group friend(s)

(i.e., other campers s/he would like to be with in the same group):

Friend 1: _____ Friend 2: _____

Friend 3: _____ Friend 4: _____

***Please note that we cannot guarantee the placement of friends in the same group.**

Custody Restrictions

YES____ NO____

If so, please attach court order and state general conditions here: _____

Names of people **NOT AUTHORIZED** to have access to child: _____

Health Information

TO BE COMPLETED BY PARENT/GUARDIAN

BC Medical Health Number: _____

Physician Name: _____ Physician Phone #: () _____ - _____

In case of a medical emergency or illness, Primary and/or Secondary contacts will be notified. Please indicate any FURTHER contacts to be notified in case of such emergencies:

Contact 1: _____ Relationship to Camper: _____

Phone # 1: () _____ - _____ (cell / home / work)

Phone # 2: () _____ - _____ (cell / home / work)

Contact 2: _____ Relationship to Camper: _____

Phone # 1: () _____ - _____ (cell / home / work)

Phone # 2: () _____ - _____ (cell / home / work)

Does this child have any medical conditions we need to be aware of? (Yes / No)

If yes, explain: _____

Does this child have any special needs? (Yes / No)

If yes, explain: _____

If your child requires a support worker, please note that we are not able to provide that care, but will gladly work with whoever is assigned to accommodate the camper's experience.

ALLERGIES:

Has he/she been stung before? YES___ NO___

Is he/she allergic to bee/wasp/hornet stings? YES___ NO___

If yes, does he/she have an Antikit/Epipen? YES___ NO___

Please specify which foods (if any) he/she is allergic to (please print):

Please specify which drugs (if any) he/she is allergic to (please print):

Is/are the allergic reaction(s) anaphylactic? YES___ NO___

MEDICATIONS: Please be sure to bring all necessary prescriptions to camp in original packaging. Our camp is stocked with basic medicines and first aid supplies only. All medications must be in the original container with your name and instructions for use clearly visible.

Medication: _____ Dosage: _____ Times: _____

Reason: _____

Camper 3

Last Name: _____ First Name: _____

Birthdate (yyyy/mm/dd): _____ Age as of July 13th, 2015: _____

Legal custody of (Circle/**bold** one):

Primary Contact

Secondary Contact

Both

T-shirt Size (Circle/**bold** one):

Youth X-Small

Youth Small

Youth Medium

Youth Large

Youth X-Large

Adult Small

Adult Medium

Adult Large

Adult X-Large

Adult 2X-Large

Adult 3X-Large

Camper Relationship to Primary Contact (Circle/**bold** one): _____

Camper Relationship to Secondary Contact (Circle/**bold** one): _____

Name(s) of preferred group friend(s)

(i.e., other campers s/he would like to be with in the same group):

Friend 1: _____ Friend 2: _____

Friend 3: _____ Friend 4: _____

***Please note that we cannot guarantee the placement of friends in the same group.**

Custody Restrictions

YES____ NO____

If so, please attach court order and state general conditions here: _____

Names of people **NOT AUTHORIZED** to have access to child: _____

Health Information

TO BE COMPLETED BY PARENT/GUARDIAN

BC Medical Health Number: _____

Physician Name: _____ Physician Phone #: () _____ - _____

In case of a medical emergency or illness, Primary and/or Secondary contacts will be notified. Please indicate any FURTHER contacts to be notified in case of such emergencies:

Contact 1: _____ Relationship to Camper: _____

Phone # 1: () _____ - _____ (cell / home / work)

Phone # 2: () _____ - _____ (cell / home / work)

Contact 2: _____ Relationship to Camper: _____

Phone # 1: () _____ - _____ (cell / home / work)

Phone # 2: () _____ - _____ (cell / home / work)

Does this child have any medical conditions we need to be aware of? (Yes / No)

If yes, explain: _____

Does this child have any special needs? (Yes / No)

If yes, explain: _____

If your child requires a support worker, please note that we are not able to provide that care, but will gladly work with whoever is assigned to accommodate the camper's experience.

ALLERGIES:

Has he/she been stung before? YES___ NO___

Is he/she allergic to bee/wasp/hornet stings? YES___ NO___

If yes, does he/she have an Antikit/Epipen? YES___ NO___

Please specify which foods (if any) he/she is allergic to (please print):

Please specify which drugs (if any) he/she is allergic to (please print):

Is/are the allergic reaction(s) anaphylactic? YES___ NO___

MEDICATIONS: Please be sure to bring all necessary prescriptions to camp in original packaging. Our camp is stocked with basic medicines and first aid supplies only. All medications must be in the original container with your name and instructions for use clearly visible.

Medication: _____ Dosage: _____ Times: _____

Reason: _____

Camper 4

Last Name: _____ First Name: _____

Birthdate (yyyy/mm/dd): _____ Age as of July 13th, 2015: _____

Legal custody of (Circle/**bold** one):

Primary Contact

Secondary Contact

Both

T-shirt Size (Circle/**bold** one):

Youth X-Small

Youth Small

Youth Medium

Youth Large

Youth X-Large

Adult Small

Adult Medium

Adult Large

Adult X-Large

Adult 2X-Large

Adult 3X-Large

Camper Relationship to Primary Contact (Circle/**bold** one): _____

Camper Relationship to Secondary Contact (Circle/**bold** one): _____

Name(s) of preferred group friend(s)

(i.e., other campers s/he would like to be with in the same group):

Friend 1: _____ Friend 2: _____

Friend 3: _____ Friend 4: _____

***Please note that we cannot guarantee the placement of friends in the same group.**

Custody Restrictions

YES____ NO____

If so, please attach court order and state general conditions here: _____

Names of people **NOT AUTHORIZED** to have access to child: _____

Health Information

TO BE COMPLETED BY PARENT/GUARDIAN

BC Medical Health Number: _____

Physician Name: _____ Physician Phone #: () _____ - _____

In case of a medical emergency or illness, Primary and/or Secondary contacts will be notified. Please indicate any FURTHER contacts to be notified in case of such emergencies:

Contact 1: _____ Relationship to Camper: _____

Phone # 1: () _____ - _____ (cell / home / work)

Phone # 2: () _____ - _____ (cell / home / work)

Contact 2: _____ Relationship to Camper: _____

Phone # 1: () _____ - _____ (cell / home / work)

Phone # 2: () _____ - _____ (cell / home / work)

Does this child have any medical conditions we need to be aware of? (Yes / No)

If yes, explain: _____

Does this child have any special needs? (Yes / No)

If yes, explain: _____

If your child requires a support worker, please note that we are not able to provide that care, but will gladly work with whoever is assigned to accommodate the camper's experience.

ALLERGIES:

Has he/she been stung before? YES___ NO___

Is he/she allergic to bee/wasp/hornet stings? YES___ NO___

If yes, does he/she have an Antikit/Epipen? YES___ NO___

Please specify which foods (if any) he/she is allergic to (please print):

Please specify which drugs (if any) he/she is allergic to (please print):

Is/are the allergic reaction(s) anaphylactic? YES___ NO___

MEDICATIONS: Please be sure to bring all necessary prescriptions to camp in original packaging. Our camp is stocked with basic medicines and first aid supplies only. All medications must be in the original container with your name and instructions for use clearly visible.

Medication: _____ Dosage: _____ Times: _____

Reason: _____

Permitted Pick-up

Persons authorized to pick up child(ren):

(All those authorized to pick up child(ren) must be at least 16 years of age or older)

	NAME	PHONE	RELATIONSHIP TO CHILD
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Permissions

My signature below consents to the following:

1. I hereby give permission to have pictures taken of my child(ren) in the program setting for general record keeping and publicity purposes: YES___ NO___
2. I consent to over-the-counter medications (such as Tylenol) to be administered, if necessary: YES___ NO___
3. I understand that in the case of accident or illness, if primary, secondary or emergency contacts cannot be reached, the Parish of Central Saanich will phone an ambulance and a staff or designated volunteer will accompany your child(ren) to the hospital. I give my authorization for emergency health services.
4. I hereby consent to have my child(ren) named on this form to be treated by First Aid Certified camp staff at Adventure Narnia.
5. To the best of my knowledge I have informed Adventure Narnia and the Parish of Central Saanich of all details about this camper's health and will contact camp regarding any changes before camp. I recognize that The Parish of Central Saanich will do its best to ensure a safe experience. I hereby release the Parish of Central Saanich, its staff, designated First Aid attendants, and Management Team from any responsibility and liability of any nature resulting from my child(ren)'s participation in any activity.
6. I certify that the information given in this form is complete and true in every respect, and that I, _____ (please print), am the legal Parent/Guardian of the child(ren) named on this form.

Signature: _____ Date: _____

Camper Fee Chart

	First Camper	Sibling #1	Additional Siblings
AGES 5-12			
Day Camp (9am to 3pm)	\$115	\$90	\$65
AGES 3-4			
Half-Day Camp (9am to 12:30pm)	\$75	\$50	\$40

Please note that campers should be registered in order of **descending age** (oldest to youngest) and of **descending length of camp stay** (longest to shortest). For example:

	First Camper	Sibling #1	Additional Siblings
AGES 5-12			
Day Camp (9am to 3pm)	\$115 Camper 1	\$90 Camper 2	\$65
AGES 3-4			
Half-Day Camp (9am to 12:30pm)	\$75	\$50	\$40 Camper 3

Registration Confirmation

REGISTERED CAMPER SUMMARY

Sample 1: Name Sample Sampleton Camp Option Day Camp **(\$115)**

Camper 1: Name _____ Camp Option _____

Camper 2: Name _____ Camp Option _____

Camper 3: Name _____ Camp Option _____

Camper 4: Name _____ Camp Option _____

Total Cost: \$ _____

METHOD OF PAYMENT

Cheque: ()

Cash: ()

Please make cheque payable to: **St. Stephen's Anglican Church** Postdate: **June 29, 2015**