

New Camper  
 Returning Camper

# Camp Joshua

## 2010 Camp Registration Form

Please complete all sections of the application & medical form before returning to the camp office

Male  Female

MM

DD

YY

Camper Name

Date of Birth

Street Address

City/Town

Province

Postal Code

( )

Telephone

e-mail Address

Age as of July 1<sup>st</sup>

School

Grade

Camper lives with:

Both Parents

Mother

Father

Guardian

Other (specify) \_\_\_\_\_

Mother/Guardian Name

Father/Guardian Name

( )

( )

Home Phone

Business Phone

( )

( )

Home Phone

Business Phone

Address (if different from camper)

Address (if different from camper)

( )

( )

Emergency Contact (other than parent)

Home Phone

Business Phone

Please circle the code(s) of the camp session that you are registering for:

<b>Riding Day</b>	Ages 7-17	RD-01	RD-02	RD-03	RD-04	Closed	RD-05	RD-06	RD-07	(\$370 + \$29.60 tax) <b>\$399.60/wk</b>
<b>Riding Residential</b>	Ages 7-17	RR-01	RR-02	RR-03	RR-04	Closed	RR-05	RR-06	RR-07	

How did you hear about Camp Joshua? \_\_\_\_\_

Please sign below to give Camp Joshua permission to use camp pictures containing your child in promotional materials (brochures, website, displays, videos, etc).

Parent/Guardian Signature

Subtotal \_\_\_\_\_

Camp Store Purchases  
See order form \_\_\_\_\_

Total \_\_\_\_\_

Riding Ability

None

Beginner  
(lead line)

Intermediate  
(ind. walk/trot/beginner canter)

Advanced  
(w/t/c/jumper)

Please explain experience/Previous stable/camps:

### CAMP J STORE

See selections and order form at  
www.campjoshua.com

Hats - \$15.00  
Baseball/Bucket/Fringed

T-Shirts - \$15.00

Hoodie Sweatshirts -  
\$38.00

Zip Sweatshirts - \$40.00

Cuddle Pals - \$15.00  
Beaver/Moose/Horse/Lamb/Frog

**Note: a non-refundable deposit of \$150/session is required to process the application. Along with the deposit, cheque(s) must be submitted for the remainder of the fees dated no later than May 1<sup>st</sup>. All applications received after May 1<sup>st</sup> require payment in full.**

Enclosed is a cheque or VISA/MC for the full amount payable to Camp Joshua.

Enclosed is the deposit in the amount of \$\_\_\_\_\_ with the balance cheque enclosed in the amount of \$\_\_\_\_\_ post-dated no later than May 1<sup>st</sup>.

Please debit my VISA/MC now for the deposit amount of \$\_\_\_\_\_ and the balance owing in the amount of \$\_\_\_\_\_ on May 1<sup>st</sup>.

VISA/MC #

MM

/

YY

Expiry

Name on Card

Signature

# Camp Joshua

## Medical Form

Please complete all sections of the medical form before returning to the camp office

_____	MM	DD	YY	_____	_____
Camper Name	Date of Birth			Height	Weight
_____	_____			_____	_____
Health Card Number				Date of last Tetanus shot	
_____	( )			_____	_____
Family Doctor				Office Phone	

Are there any current illnesses, operations or injuries Camp Joshua should be made aware of?

Does camper have any special/behavioural needs? (please give details on a separate sheet)

Does camper take any medication? (list details) Does camper have any allergies? Camper has an EpiPen  Yes  No

Does camper have any special dietary restriction? (ie: vegetarian) Are there any immunizations you have chosen not to give camper? (specify)

List any non-prescription medications you DO NOT want your child to use (ie: antihistamine, acetaminophen, Gravol, etc) camp does not use A.S.A

**Please contact Camp Joshua if there are any changes to this information prior to the camper attending.**

**Confidential remarks:** To assist us in providing a good camping experience, if your camper requires particular attention for any physical weakness, nervousness or for other reasons please outline below or on a separate sheet (i.e. bedwetting/sleepwalking).

Are there any significant changes in recent family relationships? Are there any custody orders?  
(If custody restraints please send camp a copy of the order)

Does camper have any brothers or sisters? (please list names and ages)

### Authorization

To the best of my knowledge, this camper does not have a communicable disease, and is physically able to participate in all camp activities except as indicated above. All medical problems or conditions requiring ongoing medical supervision or care have been fully noted. I give permission for the health information to be shared with the appropriate camp staff and outside medical personnel as necessary. If I cannot be reached, permission is hereby given to the Camp staff to take whatever steps deemed necessary to ensure the safety and health of the camper. This also allows permission for the camp to contact the camper's family physician/specialist. Please inform your physician that you have given this authorization.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Release, Waiver and Assumption of Risk

**We (I)** do hereby release the Camp, Directors, Employees and Volunteers from all liability, claim causes of action of any kind whatsoever in respect of all personal injuries, loss of life or property losses which our child/ward (I) may suffer arising out of the use of the facilities, and or the activities of camp, **We (I)** do hereby acknowledge and agree that the following adventurous activities may be dangerous and expose our child/ward (me) to risks and hazards: Horseback riding, swimming, canoeing, mountain biking, archery, sports, games, hiking, environmental pursuits, group initiatives, campfires, handling farm animals, skits, camping, and other camp activities,

That **We (I)** freely and voluntarily assume all the aforesaid risks and hazards for our child/ward,

That **We (I)** have carefully read this Release, Waiver and Assumption of Risk agreement that **We (I)** fully understand same and that **We are (I am)** freely and voluntarily excusing the same,

That **We (I)** understand clearly that by signing this release **We (I)** will be forever prevented from suing or otherwise claiming against the Camp, Directors, Employees and Volunteers with respect to any matter arising from the use of the facility and the Camp's activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date