



Camper Information:

Camper's First Name: _____
 Camper's Last Name: _____
 Mailing Address: _____
 City: _____
 Province: _____ Postal Code: _____
 Country: _____
 Phone: _____
 Email: _____

Registration Contact Info (Parent/Guardian):

First Name: _____
 Last Name: _____
 Relationship to Camper: _____
 Phone Number: _____
 Email: _____

Camp Choices and Costs (number in order of preference):

_____ **Junior High 1:** 11-14 years old, July 2nd – 8th, 467.25\$
 _____ **Junior 2:** 8-11 years old, July 31st – August 5th, 453.60\$
 _____ **Youth 1:** 15-18 years old, August 28th – September 4th, 601.65\$
Ferry Fees: 12 years or older – \$17.20 one way, total \$34.40
 5 to 11 years – \$8.60 one way, total \$17.20

Camper Personal Information:

Gender: M / F
 Birthday (Month, Day, Year) _____
 Age: _____ (Must turn minimum age by Dec 31st, not be older than maximum age when camp starts)
 BC Care Card #: _____
 Church Attending: _____

Cabinmate Request:

First & Last Name: _____ Age: _____
 First & Last Name: _____ Age: _____
 First & Last Name: _____ Age: _____

We will seek to honour cabinmate requests as follows: campers must be eligible to be in the same camp, ages typically are not more than 12 months apart, and the request must be made by both people.

Additional:

SA Office: _____
 Worker: _____
 Re: Parent: _____ SIN #: _____
 Re: Child's Name: _____

200\$ (non-refundable) check payable to:

NEW BEGINNINGS BAPTIST

Mail To: New Beginnings Church
 1587 Francis St.
 Vancouver, BC V5L 1Z2
 604 - 873 - 2100

medicalform

OFFICE USE ONLY

Camp: 2016

Reg. #

FORM 1

TO BE COMPLETED BY PARENT/GUARDIAN **JUST PRIOR** TO CAMP, PLACED IN **EXPRESS PACK** ENVELOPE AND HANDED IN TO CAMP REPRESENTATIVE UPON ARRIVAL AT CAMP OR AT THE TSAWWASSEN FERRY TERMINAL • USE ADDITIONAL PAPER IF REQUIRED • PLEASE PRINT

Camper's Name _____	BC Care Card or Medical Ins. # _____
Address _____	City _____ Prov. _____ Postal _____
Phone _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age _____ Birthdate _____
Name Of Parent/Guardian _____	Phone(H) _____ Phone(W) _____
Cell _____	Email _____
Home Address _____	City _____ Prov. _____ Postal _____
Second Parent/Guardian _____	Phone(H) _____ Phone(W) _____
Cell _____	Email _____
Home Address _____	City _____ Prov. _____ Postal _____
If Above Are Not Available In Emergency Notify: _____	Related: _____
Cell _____	Phone(H) _____ Phone(W) _____
Name Of Physician _____	Phone _____ City _____
Name Of Dentist _____	Phone _____ City _____

HEALTH HISTORY

(Attach extra information on a separate sheet if needed. Contact us by phone if appropriate.)

Any allergies? (ex. food, medication, plants, insects) Yes No If Yes, please list type of allergies & typical reactions. _____

Any medical conditions and/or chronic illnesses? (ex. frequent ear infections, heart disease, asthma, convulsions, diabetes, epilepsy, bleeding/clotting disorders, hypertension) Yes No If Yes, please list with visible signs. _____

Dates and description of any operations, serious injuries, or incidents (also give details about any health issues during the two week period before your week of camp). _____

Recent exposure to communicable diseases? Yes No If Yes, contact the Registrar at Qwanoes promptly, and *before* you come to camp. (ex. chicken pox, flu, H1N1, pink eye, etc)

Is Tetanus immunization up-to-date? Yes No Date of last Tetanus immunization. _____

Any emotional problems, fears, or sleep disturbances (ex. sleep-walking)? Yes No If Yes, please explain. _____

RECOMMENDATIONS & RESTRICTIONS

Regarding Special Needs: If your child has a serious health, special diet, or developmental/physical issue that we should be aware of prior to the start of camp, please contact our Registrar promptly.

Any medically-prescribed meal plan, dietary restrictions or special diet needs? Yes No If Yes, please explain. _____

Activities to be encouraged or limited? Yes No If Yes, please list. _____

(Please See Over)

Regarding Medication: All medication (prescription and non-prescription), vitamins, meal supplements, herbal therapies, homeopathic remedies, eye or ear drops, and medicated creams to be administered at camp **must** be in original containers. All prescription medication **must** have the camper's name and current dose on the pharmacy label. (Note that most pharmacies will assist with this and with repackaging in small containers.) These guidelines **must** be followed for the medication to be administered. All medications as described above must be handed in to the camp health care representatives upon arrival at camp or at the Tsawwassen ferry terminal (exception: emergency asthma inhalers). Qualified nurses are available 24 hours a day during every camp to administer medication as required.

Any medication or treatment to be administered at camp? Yes No If Yes, list specific dosages and frequency.

MEDICATION NAME	REASON FOR MEDICATION	DOSAGE / OTHER INFO	AS NEEDED	8:00 am	12:00 pm	5:30 pm	9:30 pm

Note: Times are approximate.

Any additional health or behavioral information? Yes No If Yes, please explain.

CONSENT & RELEASE

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I understand that each camper must be covered by the BC Medical Services Plan or equivalent health insurance, and provide Camp Qwanoes with the required signed medical form.

I/We understand that any and all medication, vitamins, meal supplements, herbal therapies, homeopathic remedies, eye or ear drops, and medicated creams are to be given to the camp health care representatives upon arrival at camp or the Tsawwassen ferry terminal, in the interest of camp safety, and in compliance with the B.C. Camping Association. I understand that the use of tobacco and alcohol will not be permitted at camp, and that I must inform the camp promptly if I become aware that my child has come into contact with any communicable disease.

I/We understand that all medication to be administered at camp, **must** be in original containers, and that all prescription medication **must** have the current dose and the correct name on the pharmacy label. These guidelines **must** be followed in order for any medication to be dispensed at Qwanoes as per the *College of Registered Nurses of BC* standards for medication administration. I/We authorize the camp health care providers to order X-rays, routine tests, and/or treatment, and to provide/arrange necessary related transportation for my child.

I/We authorize the administration of any first aid treatment necessary at Qwanoes, and in the case of a medical emergency, give permission to the physician involved to hospitalize and/or secure proper treatment for my child. Every effort will be made to contact parents or guardians in this event. Camp Qwanoes cannot accept the cost of any prescription filled while at camp.

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Camp Qwanoes and its servants, agents, and employees from any and all actions, causes of action, claims and demands whatsoever, whether existing as of this date or in the future, and whether arising from the use of Camp Qwanoes or otherwise. I/We understand that for the safety of campers and staff, Qwanoes reserves the right to inspect or examine campers' luggage or belongings if deemed necessary by a camp director. I/We understand that some supervised camp activities occur in the area adjacent to Camp Qwanoes, including Maple Mountain and I/we absolve the Municipality of North Cowichan of any liability for this use. Permission is also given to have photos/videos taken at camp used for future camp promotional purposes.

NOTE: Each person age 18 years and under REQUIRES the signature of parent/guardian.

PARENT/GUARDIAN SIGNATURE DATE SIGNED

CAMPER SIGNATURE DATE SIGNED

PRINT NAME

PRINT NAME

IMPORTANT: THIS FORM **MUST** BE RETURNED UPON ARRIVAL AT CAMP. **DO NOT MAIL TO CAMP.**

PLEASE ENSURE THAT THE CAMPER'S **BC CARE CARD OR MEDICAL NUMBER** HAS BEEN INCLUDED.



WEB: www.qwanoes.ca • PHONE: 250-246-3014
TOLL FREE: 1-888-99-QWANOES (1-888-997-9266)
FAX: 250-246-3227 • EMAIL: life@qwanoes.ca



FORM 1