

MacLennan Memorial Camp Application and Medical Information Form (2013)

Please enclose the full registration fee and return
by June 1, 2013

Camper Information:

Last name _____
First name _____ MiddleName _____
Date of Birth _____
Age on July _____ m O f O
Address _____
Postal Code _____
Name of Parents/ Guardians _____
Home phone _____ Work phone(s) _____
Cell _____ other _____
Emergency Contact if above can't be reached _____
Phone _____ Relationship to camper.....
Do you have a home church? Y N If so, what is its name? _____

Registering for Camp # _____

Dates _____ to _____
Is there one other camper you would like to share a cabin with? _____
What size camp T shirt would you like? (circle)
Youth small (6-8) Y med(10-12) Y large(14-16)
Adult Small Adult Med Adult L Adult XL

Medical Information:

Health Card# _____
Expiration date _____
Allergies: Bee, wasp or hornet sting _____ if yes, do you carry an epipen? _____
Any food allergy? _____ What foods? _____
Penicillin _____ Other allergies? _____
List any restrictions or special medications to be given at camp:
Name of medication _____
When administered _____
Does the camper use medically prescribed earplugs?
Has the girl menstruated? _____

Continue on part 2.....

Part 2.....

Describe any medical or emotional characteristics that you would like us to know about the camper _____

Note:

No over the counter medication will be given to campers unless supplied by family at registration. This includes any medication for headaches, other aches, etc. etc.

* Camp rules are to be followed to ensure everyone's safety

* To the best of my knowledge, the camper is in good health, and free from any communicable infection. I will notify the camp if the camper is exposed to any communicable infection during the three weeks prior to the camper's stay at camp.

* I give my permission for the camper to be taken for emergency treatment, if deemed necessary, during the camper's stay at camp.

* I give my permission for photographs of the camper, taken at camp, to be used in camp promotional material.

Parent/Guardian signature

Date _____

Return Application/ Medical Form...along with the registration fee to:

GLENN ROSS
107 Morley Avenue, Truro Heights, NS,
B6L 1N1 Phone 902-897-9812

Make cheque payable to:

MacLennan Memorial Camp

Each camp has a limited capacity of 40 campers

Registration due—prior to **June 1, 2013**

Please register early to insure you get a space in the camp of your choice. Your application will be **Accepted** unless you are otherwise notified.

Office Use Only:

Date received _____
Total Due \$ _____
Amount Paid \$ _____
Family Discount \$ _____
Balance Due _____

Application process:

The completed Application and Medical Information Form along with the camp fees should be sent to:

**Glenn Ross
107 Morley Ave
Truro Heights
N.S.
B6L 1N1**