

KAWKAWA CAMP REGISTRATION - 2008

Please **print clearly** and complete all parts of registration form.
 Complete one form per camper and camp session.
 Credit card registrations may be faxed to: 866.545.9359

Send to: Kawkawa Camp & Retreat
 2573 Springhill St. | Abbotsford | BC
 V2T 3V8

PLEASE PRINT ABOVE EACH LINE			Office use:	KAWKAWA CAMP FEES	Office use:	
CHILD'S FIRST NAME	CHILD'S LAST NAME			Please provide complete information as requested and enclose total fees with this Registration Form.		
ADDRESS	CITY			Regular fee	\$ _____	
PROVINCE	POSTAL CODE	TELEPHONE		Less Early registration discount	\$ _____	
CURRENT E MAIL ADDRESS				Less Extra child discount	\$ _____	
GENDER	BIRTHDATE	AGE @ DEC. 31 2004		Plus Wakeboard / waterski option	\$ _____	
CHURCH ATTENDING (IF ANY)	SCHOOL			Optional contribution to our capital campaign (tax deductible)	\$ _____	
1ST CAMP CHOICE	2ND CAMP CHOICE	CABIN PARTNER REQUEST (limit one)		Optional contribution to our camper's assistance fund (tax deductible)	\$ _____	
Have you ever been to Kawkawa before? <input type="checkbox"/> Yes <input type="checkbox"/> No				TOTAL AMOUNT ENCLOSED for this registration	\$ _____	
If no, how did you hear about Kawkawa? Please be specific :				<input type="checkbox"/> Cheque #	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Provide T-shirt size for free shirt				Credit Card # :	____ / ____ / ____	
__YM __YL __S __M __L __XL (Sizes are not gender specific)				Expiry Date:	_____	
				Signature:	_____	
				WE REGRET WE CANNOT TAKE PHONE REGISTRATIONS		

MEDICAL INFORMATION				Office use:
CHILD'S FIRST NAME	CHILD'S LAST NAME	PARENT / GUARDIAN NAME (first and last)		
HOME PHONE	BUSINESS PHONE	CELL PHONE		
EMERGENCY CONTACT	RELATIONSHIP	PHONE		
FAMILY DOCTOR	DOCTOR'S PHONE	PERSONAL HEALTH #	MEDICAL UNDER WHOS E NAME?	
IN CASE OF SERIOUS ACCIDENT OR ILLNESS EVERY PERSON MUST BE COVERED BY BC HEALTH PLAN OR EQUIVALENT POLICY				
List any/ all illnesses or injuries receiving medical attention or major operations this child has had in the last 12 months: _____				
List any/all medications, prescription or otherwise, this child will be bringing to camp				
Medications:		Condition:		
List any/all allergies and reactions				
Allergies to:		Reactions:		
List any/all specifications of a special diet this child is on (unless stated above):				
List any/all medical conditions that may limit this child's participation in an active program:				
Does this child have asthma? If so, how severe is it, what is the treatment protocol, and is there an asthma action plan?				
Do you have any objection to your child taking any of the following medications if necessary? (tick for objection)				
<input type="checkbox"/> Cough Syrup (No Codeine) <input type="checkbox"/> Decongestant <input type="checkbox"/> Anti-Histamine <input type="checkbox"/> Tylenol <input type="checkbox"/> Throat Lozenges <input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Graval				
Medications brought by campers must be in the original bottle and if prescription, with pharmacy label stating campers name and dose ordered by physician, and checked on with medical personnel during check -in.				

PARENTS MUST READ
 Camp programs are filled with lots of physical activity and in spite of all Kawkawa's ongoing efforts of adequate and safe supervision it is possible for accidents or injuries to occur. I expect the Kawkawa Staff to treat my child in a kind and responsible manner, but I realize mishaps can happen, and knowing this I release Kawkawa Camp & Retreat from any and all liability unless caused by direct negligence of Kawkawa staff. Should an injury require emergency treatment which would be delayed by efforts of contacting me, I hereby grant permission to the First Aid Attendant to authorize medical treatment and to inform me as soon as possible. I authorize Kawkawa Camp & Retreat to use any photographs/video taken of my child while participating in Kawkawa programs for Kawkawa Camp & Retreat Promotional use.

Privacy statement, I agree , disagree to the name of the person named in the above registration form being sent to their home church. I understand that this is the only personal information that will be disclosed to any third party without specific, prior consent.

DATE _____ SIGNED BY (Please Print) _____ SIGNATURE (Parent / Guardian) _____