

REGISTRATION FORM 2009 (PLEASE USE ONE FORM PER CAMPER AND CAMP SESSION)

Please print clearly and complete ALL parts: incomplete forms will not be processed. Please send to Kawkawa Camp & Retreat at 66706 Kawkawa Lake Road, Hope BC V0X 1L1. Credit Card registrations may be faxed to 1-866-545-9359. We regret we cannot take phone registrations.

APPLICANT INFORMATION				OFFICE USE:	
First Name:			Last Name:		
Address:		City:		Province:	
Postal Code:		E-mail:		Phone:	
Church-(if any)		Birthdate:		Gender:	Age @ Dec 31/08:
1 st camp choice		2 nd camp choice		One Cabin Partner Request :	
PAYMENT-(PLEASE ENCLOSE TOTAL FEES)			OFFICE USE:	PROCESSED:	CONFIRMATION SENT:
Registration fee: \$					
Optional Contribution to our Capital Campaign (tax deductible) \$				Total Enclosed:	
Cheque:		Visa:	Master Card:		
C/C Number: / / /			Expiry:		
If registration before Feb 15, provide T-shirt size(circle) YM YL AS AM AL AXL			Signature:		
MEDICAL AND EMERGENCY CONTACT (in case of serious accident or illness every person must be covered by BC Health or an equivalent policy)					
Parent/Guardian Name: (first & last)				Phone:	
Emergency Contact:		Relationship:		Phone:	
Family Doctor:		Phone:		Person Health Number:	
List any/all medications, prescriptions or otherwise, this child will be bringing to camp. Please also state condition:					
List any/all allergies and reactions:					
List any/all specifications of a special diet this child is on:					
Does this Child have asthma or any other medical condition that may limit this child's participation in an active program?					
Does this Child have any behavior, social or mental issues that we should be aware of?					
Does this Child have any other special needs we should be aware of?					
Do you have any objection to your child taking any of the following medications if necessary? (circle for objection) Cough Syrup (no Codine) Decongestant Anti-Histamine Tylenol Throat Lozenges Pepto Bismal Gravel Medications brought by campers must be in the original bottle. Prescription medication must have pharmacy labels stating camper's name and dose ordered by physician. Medication will be kept with First Aid Attendant during the week and will be distributed accordingly.					
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 Kawkawa Staff to treat my child in a kind and responsible manner, but 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. 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 this 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 with specific, prior consent.					
Date:		Signed by (print):		Signature(parent/guardian):	