

FOOT HILLS CAMP

"A PLACE WHERE YOU BELONG"

Name: _____ E-mail: _____
 Mailing Address: _____ Phone: _____
 City: _____ Province: _____ Postal Code: _____
 Gender: M F Age: _____ Birthdate: (MM/DD/YY) (___/___/___) First time at Foothills Camp? Yes No
 Your church/denomination: (if applicable): _____
 Invited by a friend? Please indicate their name: _____
 How did you hear about Foothills Camp?: _____

Camp Registering For: <i>Camp For The Visually Impaired</i>	Date Jul. 2 - Jul. 9	Ages ALL	Price \$40
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Camp Gear Packages Available

<input type="checkbox"/> Bronze: \$22 - 1 Camp T-shirt & 1 Camp DVD	<i>Please select the size t-shirt and/or hoodie needed</i> T-shirt size: Youth or Adult? _____ - <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Hoodie size: Youth or Adult? _____ - <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
<input type="checkbox"/> Silver: \$30 - 1 Camp T-shirt, 1 Camp DVD & 1 Photo CD	
<input type="checkbox"/> Gold: \$55 - 1 Camp T-shirt, 1 Camp DVD, 1 Photo CD & 1 Camp Hoodie	

Financial Worksheet

Camper Fee	\$ _____	
Camp Gear Package (optional)	\$ _____	+
Sub-Total	\$ _____	
Camp Store Money (optional)	\$ _____	+
Donation to Needy Camper Fund (optional)	\$ _____	+
Total Fees	\$ _____	=
Less payment made now (minimum \$100 non-refundable deposit)	\$ _____	-
Remaining Balance	\$ _____	

Payment Information

Cheque Visa Mastercard Cash Money Order

Credit Card#: _____
 Expiry Date: _____
 Issuing Bank: _____
 Name on card: (please print) _____
 Signature: _____

Please make cheques payable to Foothills Camp

Medical Information

Camper's Name: _____ Health Care #: _____ Province: _____
 Parent/Guardian Name: _____ Home Phone: _____ Cell: _____
 Emergency Contact Name: _____ Phone: _____ Relation: _____

List any current medications:

Medication	Dosage	Route	Time	Self-admin.?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any allergies: _____

Is Tetanus Immunization current? Yes No

Does the Camper have difficulty with any of the following:

Asthma? Yes No Epilepsy? Yes No Diabetes? Yes No Bed Wetting? Yes No Other? Yes No

****At registration, please notify the camp nurse or administration if the camper has been exposed to any communicable disease in the two weeks prior to attending camp.**

****To provide a healthy environment for your child, a trained staff will check each camper for head lice. If necessary, staff will discreetly wash hair with treated shampoo.**

****Medical Consent: Signature Required Below**

I hereby grant permission to the Camp Nurse or their designated First Aider to administer the above listed prescription or non-prescription medications. I further authorize the use of over the counter medications that they may deem needed during by child's stay.

****Medical Consent: Signature Required Below**

In case of emergency, I give permission to the Physician (selected by the Camp Director, Camp Nurse, or other available Camp Representative) to secure proper care, such as hospitalization, x-ray, or other treatment as they deem necessary.

Parent or Guardian Signature: _____ Date: _____

Foothills Camp Activity Program Consent and Release Form

I consent to allow my child to participate in activities taking place at Foothills Camp. I realize that the activity program can involve risks and as such I release Foothills Camp, the Alberta Conference and its officers and directors from any responsibility for injuries sustained while involved in the activity program of the camp as well as incidents beyond the control of the camp staff.

The Alberta Conference Youth Department frequently uses photographs of persons participating in planned events in advertising and promotional material. We make every attempt to use pictures that do not give full identification. If you **do not** wish yourself/your child to appear in our advertising, please check the box.

If the attendee is below 18 years of age, this form must be signed by a guardian or parent.

Signature: _____ Date: _____

Parent or Guardian Name: *(If applicable)* _____