

2010 Camper Registration & Counsellor-in-Training Application

1st Choice Camp	Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
2nd Choice Camp	Date	
Camper's Name	Date of Birth	(Month/Day/Year)
Mailing Address	School Grade Sept. 2010	
Town/City		
Postal Code	Email	
Parents' or Guardians' Names	Telephone ()	
Emergency Contact	Telephone ()	
Ontario Health Card Number		
Did you attend Quin-Mo-Lac last year?	How many years have you attended camp?	

* **I DO NOT** **I DO** permit my child to participate in the risk activity of Rock Wall Climbing.

* **I DO NOT** **I DO** permit my child to participate in the risk activity of the High Ropes Course. (Campers born in 1998 or earlier.)

*I understand that my child, if he/she desires and or is given the opportunity, will climb the wall or participate in the high ropes activities under appropriate supervision and established guidelines. I understand that this Camper/C.I.T., while at camp, will be expected to abide by the camp rules and that his/her behaviour will not be disruptive. **The camp reserves the right to send a child home from camp due to behaviour which is unacceptable. It is the policy of camp that any camper leaving camp early will not be entitled to any amount of refund.** I authorize the nurse or first aid person to engage in on-site medical care as deemed necessary and to use his/her judgement in the provision of additional medical attention which may include hospital care or the use of a local doctor. Please use the enclosed **Behaviour Identification Form** which may assist counsellors in providing a meaningful camp experience. These forms are destroyed at the end of the season.

Cabin Mate request (One): _____ Signature of Parent Guardian: _____

(Please confirm with parent)

Please enclose a stamped, self-addressed envelope for confirmation along with the appropriate registration fee to: Camp Quin-Mo-Lac, 336 Franks Rd., R.R. #1 Tweed, ON K0K 3J0. Please contact the camp for special payment arrangements.

Cheque

Visa MasterCard

Expiry Date

Name on Card

*This Camper Medical Form Comes to Camp with the Application Form

The parent or guardian is responsible for the accuracy of this information. **A family doctor does not have to fill out this form.** The camp makes every effort to hire an RN or RPN. If this cannot be achieved, the camp will hire a person with substantial First Aid Training.

Name	Age	Date of Birth	(Month/Day/Year)
Mailing Address	Ontario Health Card #		
Town/City	Family Doctor		
Postal Code	Doctor's Telephone #		

In Case of Emergency Call:

1. Parent/Guardian's Name _____ Tel: (H) _____ (W) _____

2. Relative/Neighbour's Name _____ Tel: (H) _____ (W) _____

Are there any serious medical conditions the camp should be aware of? Please attach a note describing these conditions.

Appendicitis Diabetes Aids/HIV Asthma Epilepsy Hepatitis Bed Wetting Sleep Walking

Has this girl menstruated? Yes No. If not, has she been told about menstruation? Yes No.

Allergies: Penicillin Bee Stings Foods (e.g. peanuts) _____ Other _____

Comments:

State any physical, physiological or emotional needs that may require attention by the Camp Health Care Person or Hospital personnel.

If there are treatments, injections or special medications to be provided to the camp health care person, please list the name(s) of those treatments or medications.

To the best of my knowledge, this child is in good health and has not been exposed to any infectious diseases in the past 3 weeks. I understand that it is **my responsibility to inform the camp** immediately by contacting the camp nurse, first aid person or the Director, **should the medical health of this child change or as I become knowledgeable of medical information** which would be helpful in the provision of care for this child. I permit the **camp nurse or first aid person** in conjunction with the Director to use his/her judgement in determining the extent of immediate medical care as required for this child and to the extent of using the emergency services of a hospital or doctor.

Signature of Parent or Guardian

Date