

Junior Camp Camper Application Form

Please fill in all required information on this form before mailing it.

Last name: _____ Name: _____ Male Female
Address: _____ City: _____ Province: _____
Phone#: (_____) _____ Postal Code: _____ Email: _____

Date of birth: (dd/mm/yyyy) _____/_____/_____

Photos and Camp Advertising

please note photos are taken of children at camp for advertising purposes

- I authorise that pictures of my child may be used in advertising distributed by Crosstalk Ministries
 I do not wish to allow pictures of my child to be used in advertising for Crosstalk Ministries

Name of parents or guardians:

Mother's last: _____ Mother's first: _____

Father's last: _____ Father's first: _____

Social Insurance n# _____ How did you hear about us? _____

Payments:

Payments may be forwarded with completed copy of this form via regular mail. Places are not reserved without payment. I submit payment of....

- Registration fee of \$275.00 before July 31st
 Registration fee of \$300.00 after July 31st
 Optional bursary donation of: \$ _____
Total: \$ _____

RL-24 (child care expense)

Name of parents of guardians to claim daycare expense:

Last _____ First _____
SIN: _____

** (NB: RL-24 will not be issued if this information is not included.)

Medical Form:

Last name: _____ Name: _____ Email: _____

Home parish: _____ Youth group: _____ Mother's maiden name: _____

Medicare n#: _____ Card expiry date: (dd/mm/yyyy) _____ Height: _____ Weight: _____

Approx. date of last dental exam: _____ Serious Allergies: _____ Usual treatments: _____

List Medications taken: _____

Specify any communicable diseases in past 12 months: _____

Has your daughter started her menstruation: Yes No

If not, has it been explained to her? Yes No

Please indicate below any medical condition to which you are subject, diagnosed as:

- Arthritis Ear Trouble Migraines
Skin Disorders Anxiety attacks Epilepsy
Nosebleeds Asthma Sleepwalking
Fainting Nightmares Other

Have you ever had: Are you:
Poliomyelitis Rheumatic Fever
Appendicitis ADHD Hepatitis ADD
Mononucleosis
Other behavior or attention disorder _____

List medications taken: _____

Please list Others: _____

Are you taking Ritalin: Yes No

Please note any illness, injuries, recent operations that have been advised that are not listed above:

To the best of my knowledge _____ is in good health. I hereby authorise Crosstalk Ministries and or is appointed representatives to secure such medical advice and services as may be deemed necessary for my child's health and safety.

The program may include hiking, swimming, sports etc. Do you suffer from any physical or emotional disorder that may prevent your participation in these activities?
Yes No

Please list: _____

Are you a vegetarian? Yes No

Other special dietary needs: _____

N.B. Crosstalk Ministries cannot be held responsible for any accidents that may occur.

Date: _____

Signature: _____

Completed forms may be sent to: Pat Dearing,
257 Andras Drive
D.D.O., Qc
H9B 1R7

Swimming ability (please choose one):

Excellent Fair Good Needs life jacket