

Last Name: _____ Name: _____
Address: _____ City: _____
Province: _____ Phone#: (____) _____
Postal Code: _____ Email: _____
Male Female Date of birth: (dd/mm/yyyy) ____/____/____
Name of parents or guardians:
Mother's last: _____ Mother's first: _____
Father's last: _____ Father's first: _____
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 \$100.00, post-marked before, or after July 1st

Optional bursary donation of: \$ _____

Total: \$ _____

Medical Form:

Last Name: _____ Name: _____
Email: _____ Home parish: _____
Youth group: _____ Height: _____ Weight: _____
Mother's maiden name: _____
Medicare n#: _____ Card expiry date: _____
Approx. date of last dental exam: _____
Serious Allergies: _____
Usual treatments: _____
Specify any communicable diseases in past 12 months: _____

List Medications taken: _____

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

- | | | | |
|--|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Migraines | <input type="checkbox"/> Skin Disorders |
| <input type="checkbox"/> Anxiety attacks | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Other: Please list below |

Others: _____

Have you ever had:

- Appendicitis
 Hepatitis
 Mononucleosis

Are you:

- ADHD
 ADD

Other behavior or attention disorder (**please specify**) _____

Poliomyelitis

Rheumatic Fever

Are you taking Ritalin: Yes No

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

Have you seen or been under the care of a therapist on a regular basis, in the past year?

Yes No

For what reason? _____

Are you a vegetarian? Yes No

Other special dietary needs: _____

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: _____

Swimming ability (**please choose one**):

- Excellent Fair
 Good Needs life jacket

Training and experience:

Please choose any particular you might have that would be an asset at Crosstalk Junior Camp:

- singing crafts sports leading discussions
 other (specify below)

Please Specify Others: _____

Please give a resume of your educational background.

Spiritual background

Please briefly describe your participation in any clubs, churches or schools that have been significant in your faith development: _____

Please briefly describe your inward spiritual journey of faith (include what your faith is about): _____

Similarly, please describe what you expect to gain from participating in the program.

Please supply a reference letter from a clergy or pastor telling us: about the length of church membership, and church attendance.

Signature of applicant: _____

Signature of Parent or Guardian (if applicant is under 18): _____

Date: _____

This application is to be sent directly to:

Pat Dearling
257 Andras dr.
Montreal, Qc.
H9B 1R7
Tel: (514) 683-3369
E-mail: librarylady@sympatico.ca