

**REGISTRATION FORM**



Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (m/d/y): \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Male  Female

Alberta Health Care Number: \_\_\_\_\_

Parent's First Name: \_\_\_\_\_ Parent's Last Name: \_\_\_\_\_

Parent's Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: Camper: \_\_\_\_\_ Parent: \_\_\_\_\_

Preferred Cabin Mate: \_\_\_\_\_ Referred to Camp by: \_\_\_\_\_

**EMERGENCY CONTACT:** (Needs to be someone other than the Parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Please list any allergies, physical disabilities/special needs, bed wetting, hyperactivities, headaches, earaches, vegetarian, etc.:

\*A doctor's report should be included for any serious medical conditions\*      \*All medications must be in its original container and labeled as to type and dose.\*  
\*We DO NOT claim to be an allergy free environment and are unable to provide specialty foods.

**CONSENT FOR PROVISION OF SERVICE**

I hereby provide my consent for my child to participate in Camp Mackinicholea programs whether these programs occur at Camp or offsite. I agree that Camp Mackinicholea will not be responsible for any injuries my child may sustain from/while participating in any Camp Mackinicholea programs or while on Camp Mackinicholea property. In case of emergency, I understand that every effort will be made to contact the parent or guardian of the camper and emergency contact. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director, to hospitalize and secure proper treatment for my child. I understand that in an emergency, my child may be transported in a personal vehicle and I hereby waive my legal right to any personal claims against Camp Mackinicholea, its employees or volunteers, and undertake to be responsible for any hospitalization and medical expense. I understand that all data collected will adhere to Freedom of Information and Protection of Privacy Act and Personal Information Protection Act.

**Photo Consent:** We will be taking pictures throughout the summer that may be used in the future for promotional purposes. Do you allow for pictures of your child to be used by Camp Mackinicholea for promotional purposes?  Yes  No Initial: \_\_\_\_\_

**Medication Disclosure and Consent Form:** I give Camp Mackinicholea permission to administer Ibuprofen or acetaminophen (Motrin/Tylenol) to my child, within their own discretion as seen fit. I am giving up my legal right to hold Camp Mackinicholea liable if an incident occurs from the administration of this particular medication.  Yes  No Initial: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

**EARLY BIRD REGISTRATION**

Register before March 31, 2019 and receive a 10% discount

CAMP	EARLY BIRD	after APRIL 1st
MINI	\$135.00	\$150.00
JUNIOR	\$270.00	\$300.00
MAD <sup>2</sup>	\$315.00	\$355.00
CIT	\$90.00	\$100.00

I wish to register for: (select camp)

- |   |   |
|---|---|
| <b>1st Choice:</b>                        | <b>2nd Choice:</b>                        |
| <input type="checkbox"/> Mini A           | <input type="checkbox"/> Mini A           |
| <input type="checkbox"/> Mini B           | <input type="checkbox"/> Mini B           |
| <input type="checkbox"/> Junior A         | <input type="checkbox"/> Junior A         |
| <input type="checkbox"/> Junior B         | <input type="checkbox"/> Junior B         |
| <input type="checkbox"/> Junior C         | <input type="checkbox"/> Junior C         |
| <input type="checkbox"/> MAD <sup>2</sup> | <input type="checkbox"/> MAD <sup>2</sup> |
| <input type="checkbox"/> CIT Training     | <input type="checkbox"/> CIT Training     |

- T-shirt Sizes**
- Youth Small
  - Youth Medium
  - Youth Large
  - Adult Small
  - Adult Medium
  - Adult Large
  - Adult X-Large

**Make cheque payable to  
LONG ISLAND LAKE SOCIETY**

**Mail to:  
Long Island Lake Society  
Box 5435  
Westlock, AB  
T7P 2P5**

Please include (check boxes that apply)	
<input type="checkbox"/> Registration Form	
<input type="checkbox"/> Camp Fee	\$ _____
<input type="checkbox"/> Tax Deductible Donation	\$ _____
<input type="checkbox"/> TOTAL AMOUNT	\$ _____