

Community of Christ

SPECTACULAR 2010

CANADIAN DELEGATION

Camper Information Package (subject to change)

Itinerary:

- July 23 Campers need to be at their choice of pick up AT LEAST A HALF HOUR before the estimated pick up times:
- 7:00am Depart** London Motel 6, 810 Exeter Road, London, Ontario. Take Exeter Road Ramp, coming from 401 East. For those travelling from 401 West, take Wellington road North, turn left at lights over the 401 and take right onto Exeter Road and Motel 6 is on the left.
- 7:45am Depart** 401 Ridgetown/Thamesville cutoff, (which is 21 highway) in the Motel Parking lot.
- 9:00am Depart** Community of Christ Church at 5050 Howard Ave., Windsor, Ontario.
- Cross the Border. Staying overnight at a Community of Christ congregation en route in Davenport, Iowa.
- July 24-July 31 Spectacular, Graceland University, Lamoni, Iowa
- July 31 Leave for Ontario. Stay overnight at a Community of Christ Congregation en route in Chicago.
- Aug. 1 Cross the Border. Estimated arrival times are as follows, please be 15 minutes early:
- | | |
|----------------------------------|--|
| <u>4:00pm Arrive</u> | Windsor Community of Christ Congregation |
| <u>5:15-5:30pm Arrive</u> | Ridgetown/Thamesville cutoff (Hwy 21) |
| <u>6:00-6:30pm Arrive</u> | London Motel 6 (Wellington and 401) |

To Contact the delegation:

Tiona Taylor will serve as the Canadian IYF/Spec delegation leader. Her home phone number is (905) 265-9345 and her email address is: tionataylor@hotmail.com. Spec participants will have Internet access and access to telephones while at Graceland.

En route and throughout the week the emergency phone # is: 416-845-5003. Further information is as follows: The Spec Office # is (614) 784-5428. They will be able to access staff of Team Canada by walkie-talkie. For other inquires at Spec the phone number is (800) 638-0053; ask for the Spec office.

Fees/Forms:

Forms required (filled out in full) are:

- * Spectacular Registration Form
- Please Note: **Delegation Name is TEAM CANADA**
- * Canada East Mission Camp and Retreat Registration Form
- * Permission Form to Travel to United States
- * Team Play Choices Form

Fees

\$450.00 /Camper, \$400.00/Sibling, \$400.00/1st time Camper to Spec (Canadian)

No registrations will be accepted after June 18, 2010

\$200.00 non-refundable deposit with all completed forms. The remaining registration fee in the form of a post dated cheque for July 23, 2010 (departure day)

Cheques payable to: Community of Christ

Forward all registration forms and fees to:

Melissa Ashwell, Canada East Mission, Community of Christ
390 Speedvale Ave East, Guelph, N1H 1N5 Phone: (519) 822-4150 X24
Email: Melissa@communityofchrist.ca

Crossing the Border:

PASSPORTS ARE MANDATORY. There are no exceptions.

Parents/guardians **MUST** complete the attached permission form authorizing their youth to travel out of Canada. Permission forms do not need to be notarized. Return it to Melissa Ashwell.

Insurance:

All campers must have out-of-country insurance. It is the camper's responsibility to arrange for travel insurance while out of the country. It is very reasonable and can be obtained at Blue Cross for around \$25. You only need to purchase for the days that we will be in the U.S. - July 23-Aug. 1/10. This is for coverage in case you need the services of a hospital. For minor medical emergencies there are Doctors and Nurses at the Infirmary at Spec at no extra cost to us. Please fill in your travel insurance details on the Canada East Mission Camp and Retreat Registration Form.

Packing Tips:

ONE PIECE OF LUGGAGE PER CAMPER. Due to the popularity of this event the bus can only fit one suitcase each.

The weather during Spec is very hot and humid. The staff will bring laundry soap.

Please label all of your personal items!

Black shorts for uniform purposes

Pillow

Sheets & Blanket, and/or a sleeping bag (recommended rather than sleeping bag because of the extreme heat and humidity. There are a limited number of air-conditioned rooms and no guarantee that you will get one.)

Towel

Swimsuit

Sunscreen

Sports Shoes

Sports Equipment

Clothing*

Sweater (just in case)

Medications (let us know if you are bringing any)

Toiletries (soap, shampoo, toothbrush, toothpaste, brush, deodorant etc)

*Remember that you will receive a uniform with the delegation logo on it (this will include a t-shirt & tank top only, **you must provide your own shorts, preferably black**). When you are playing a sport, you must wear the tank (it has your number on it), and there are a couple of times during the week when it is necessary to wear your t-shirt (for example, group picture day).

SPENDING MONEY:

-for souvenir and shopping items, if you wish

-for meals while traveling. Travelling meals will be as follows: 1 breakfast, 3 lunch meals and 2 suppers. Approximately \$58.00 (1 breakfast at \$8.00 and 5 meals at \$10.00)

-please also bring money to be given during the offering of two services

****Each camper is responsible for how they manage their spending money!****

Community of Christ

SPEC 2010

PERMISSION TO TRAVEL with Tiona Taylor and other volunteers to Lamoni, Iowa at Graceland University "Spectacular"

Permission Form to be Completed by Parents (Guardians)

Please indicate which p/up & drop off you will be choosing:

___Motel 6, London ___Ridgetown Cut-off, Hwy #21 ___Windsor CofC Congregation

My/our name: 1. _____

2. _____

My/our address: 1. _____

2. _____

My/our daytime phone numbers: 1. _____

2. _____

My/our evening phone numbers: 1. _____

2. _____

To Whom It May Concern:

I/We give permission for my/our son/daughter _____ to travel with Tiona Taylor and other volunteers to *Graceland University "Spectacular"*, a youth event in Lamoni, Iowa, U.S.A. and back. They are leaving Canada on July 23, 2010 and returning to Canada on Aug. 1, 2010.

Signature(s): _____ Date: _____

_____ Date _____

*signatures are required by both parents/legal guardians

Spectacular Checklist for Registration

- Completed Community of Christ Camp and Retreat Registration Form
 - Travel Insurance Information
 - \$200.00 Non-Refundable Fee

- Completed Spectacular Registration Form

- Completed Permission to Travel Form

- Completed Team Play Choices Form

- Passport

- Spending Money

- One piece of Luggage

- Post-dated Cheque for July 23, 2010 of remaining balance

Team Play Choices—Team Canada Delegation

Name _____

We want to have an idea of what sport teams you want to play on and the level you play at. You are allowed to play on TWO major sport teams.

Volleyball	Girls, Boys, Co-ed
Basketball	Girls, Boys, Co-ed
Soccer	Gold/Red Teams—Girls, Boys Green/Blue Teams -Co-ed
Baseball	Girls, Boys, Co-ed

Playing Levels are: Blue ---Beginner without much experience
Green --- Some skill and experience
Red --- Skill for travel teams
Gold --- Excellent skills and performance

Please list your top three choices and the level you would like to play:

Sport	Team Type Level	Girls, Boys Co-ed
1.	_____	_____
2.	_____	_____
3.	_____	_____

SPEC REGISTRATION FORM

Name: _____
Last First Middle Initial

Address: _____
Number and Street
City State/Province Zip/Postal Code Country

Participant's
E-mail Address: _____
Home Phone No.: _____
Cell Phone No.: _____ Texting? Yes No

Sibling in Attendance as a Camper: _____

First-time Friend Coming with Me: _____

Parent(s)/Legal Guardian: _____
Name(s) Home Phone Work Phone Cell Phone

Parent(s)/Legal Guardian: _____
Name(s) Home Phone Work Phone Cell Phone

Parent/Legal Guardian e-mail address: _____

Emergency Contact: _____
Name(s) Home Phone Work Phone Cell Phone

Medical History - (Please circle Yes or No and explain any "Yes" Answers)

Yes No Are you allergic to any foods, latex, medications, etc.? _____
Yes No Are you presently under a physician's care for any acute/chronic medical condition? _____
Yes No Are you currently taking any medications? _____
Yes No Do you have any physical or intellectual restrictions? Any emotional or medical conditions that need special attention? _____
If yes, please list all mental health and/or physical conditions. _____
Yes No Have you recently been exposed to a contagious disease? _____
Yes No Any special diet needs? diabetic vegetarian other _____

Family Physician: _____ PHONE: _____ (Attach a Photocopy of Your Insurance Card)

Statement of Consent and Release

I, the undersigned, have read and consent to the rules, guidelines and releases specified on the reverse of this form. I have read, understand and agree to abide by the Mission statement, Expectations of Conduct, Guest Policy and Dress Code.

Participant

Parent/Legal Guardian/Next of Kin (if participant under 21)

Print two copies: One for SPEC Registration; One for Delegation Leaders

Delegation: _____

Check all that apply:

Camper Staff Gender: M F
Birth date _____
Last Grade Completed: 10 11 12
T-Shirt Size: S M L XL XXL 3XL

Are you a member of the following:

Facebook Twitter Name _____
 My Space Aim Name _____

Release and Consent

Please read each of the following Release and Consent Statements, and sign the front of this registration form.

Medical Treatment Consent

I, as parent, legal next-of-kin, or guardian of the registrant listed on this form hereby authorize any necessary medical treatment for this person. I also guarantee payment of all charges incurred during this medical treatment. (Physician, hospital, x-ray, lab, drugs, ambulance, etc.)

Activity Participation Consent

I specifically consent for the registrant's participation in activities offered by SPECTACULAR, including but not limited to boating, swimming, organized and informal sports events. I have deleted any items from the preceding list to which I do not give consent for participation.

I certify that the registrant has the necessary skills to participate in any of the approved activities (i.e. if boating is approved, the participant can swim).

Liability Release

The parent, legal guardian, next-of-kin, or participant signing the reverse of this page acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur.

In consideration for being accepted for participation at SPECTACULAR, the parent/guardian does for myself and for and on behalf of this registrant, if said registrant is not 21 years of age or older, hereby release, forever discharge and agree to hold harmless Community of Christ, SPECTACULAR, Graceland University, and the directors, agents, and employees thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the registrant that occur while said registrant is participating in SPECTACULAR.

The parent/guardian further agrees to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Photo Release

In consideration of the right of the registrant to participate in this activity, I hereby give consent to and authorize the taking of photographs or video tape in which the registrant may appear. I hereby waive all right of privacy in and to any said pictures or tapes.

SPECTACULAR

Mission Statement

The mission of SPECTACULAR is to create a safe, Christ-centered community that encourages young women and men to discover God, their inherent worth, and cultivate and express their giftedness.

Expectations of Conduct

We expect...

1. ...all participants (campers, counselors, coaches, teachers, leaders) will be registered with SPECTACULAR.
2. ...SPECTACULAR participants will treat all Campers and Leaders with respect and that all participants will act in a manner consistent with the SPECTACULAR Mission Statement.
3. ...all Leaders will realize that their main responsibility at SPECTACULAR is to provide Christian ministry to and with Campers. As such, the interactions between Leaders and Campers should reflect the trust and respect inherent in this relationship.
4. ...SPECTACULAR Campers, as well as Delegation Leaders and Staff, will arrive on time and participate in the following activities: Morning Celebration; all class periods; all-camp worships; *Celebrate SPECTACULAR* (Opening Ceremonies & Evening Activity on the first night); and any other all-camp activity.
5. ...SPECTACULAR Campers, as well as Delegation Leaders and Staff, will observe the rules regarding residence hall life:
 - A) All Campers and Leaders to be in the residence halls as designated by camp schedule.
 - B) All Campers and Leaders are to ensure lights are out as designated by camp schedule.
 - C) SPECTACULAR observes a closed residence hall policy with regard to camp visitors and camp participants of the opposite gender. Campers, Leaders, and Visitors should use the main lounge areas for waiting on and visiting with these persons.
6. ...SPECTACULAR Campers will not leave campus unless they have received permission from their Delegation Leader and they are accompanied by a Delegation Leader or Delegation Staff member.
7. ...SPECTACULAR Campers, Leaders and Staff will conduct themselves in such a way that we can truly fulfill the role of SPECTACULAR as a Christian event. This would include, but not be limited to:
 - Refraining from using alcohol, tobacco or any controlled substances while at SPECTACULAR.
 - Refraining from sexual activities not consistent with a life lived in Christian Community, including, but not limited to, pre-marital sexual intimacy.
 - Refraining from abusive language including swearing and racial epithets as well as other language that may promote hatred towards any group or person. Swearing includes, but is certainly not limited to the use of the name of God, Jesus, or Christ, in a demeaning or irreverent manner.
8. ...Campers and Leaders will recognize that SPECTACULAR is a Christian youth celebration of arts, leadership and athletics, designed to promote wholeness within adolescent life.
9. ...any Camper or Leader who chooses not to follow these expectations will also choose not to attend SPECTACULAR.

We realize there may be times when unusual circumstances prevent Campers and Leaders from following one or more of these expectations. We encourage you to share with the SPECTACULAR Directors or Head of Security as early as possible if you know of any special issues that may make it impossible for any Camper or Leader to follow a listed expectation.

If any Camper or Leader fails to meet these expectations, their behavior should be reported to both the Delegation Leader and a SPECTACULAR Leader (Directors or Head of Security) as soon as possible. In conjunction with the Delegation Leader, the SPECTACULAR Leadership will investigate the circumstances and assign an appropriate disciplinary action. It is our intention to be fair and just, but we are serious about providing a Christian environment where all these expectations are followed by all participants. It is not our intention to punish an entire group, delegation or team because of the action of one or a few individuals. Furthermore, it is not our intention that this policy usurp any Delegation Leader's authority to hold their Campers and Leaders to an even higher standard of conduct at this Christian event.

Guest Policy

The SPECTACULAR Steering Committee is committed to providing a safe environment for our young people. We recognize that it may be appropriate at times for guests of SPECTACULAR participants to visit the camp and experience the SPECTACULAR spirit with family members or friends. Guests should understand that registered SPECTACULAR participants (campers and leaders) will receive priority access to all camp events.

SPECTACULAR Guests are required to Register as a guest in the SPECTACULAR Office in the Memorial Student Center. Upon registering:

- ** Guests are invited to observe camp activities during the week; at all times, registered SPECTACULAR participants (campers and leaders) will receive priority access to all events.
- ** Guests are invited to eat with campers or leaders in the Commons. Meal payment may be made at the beginning of the serving line.
- ** Guests are invited to visit with campers or leaders in the main lounges of each residence hall and other public places.
- ** Guests staying overnight are invited to make their housing arrangements off campus.

While we anticipate SPECTACULAR Guests might attend activities with campers and leaders, SPECTACULAR participants will receive priority for any event that might have limited space. In addition, in order to provide the safest environment possible for our young people, we expect that SPECTACULAR Guests would limit their stays to two days or less.

Dress Code

The SPECTACULAR Steering Committee, in its efforts to be true to the mission of SPECTACULAR as a Christian event, has developed a Dress Code that will help ensure that all SPECTACULAR participants feel welcome and safe during the week.

Unacceptable Clothing:

- Any clothing promoting consumption of alcohol, tobacco and illegal drugs.
- Any clothing promoting companies that produce or promote consumption of alcohol or tobacco.
- Any clothing that explicitly or implicitly promotes racism, sexism or hatred of any group or person.
- Any clothing that explicitly or implicitly promotes or refers to sexual actions or situations (e.g. Coed Naked shirts, Big Johnson shirts, etc.).
- Any clothing that Staff and Campers would not wear at other Christian events.
- Any clothing that promotes winning at all costs (e.g. "Second place is another name for first 'loser'").

While we recognize that often the heat of July, as well as participation in sports, may cause excessive perspiration, we do expect that SPECTACULAR participants will wear shirts/cover-ups.

We expect our Staff and Campers to wear shoes for their safety.

Because SPECTACULAR is a very large event, it will be impossible for SPECTACULAR Leaders to monitor the entire camp with respect to what clothing is being worn. All participants, especially delegation leaders and staff, are invited to join with the SPECTACULAR steering committees in monitoring first and foremost their own delegation to ensure they are dressing appropriately. It is not our intention that this policy usurp any Delegation Leader's authority to hold their Campers and Leaders to an even higher standard of dress or conduct at this Christian event.

Community of Christ

Canada East Mission

Camp and Retreat Enrolment Form

WE ARE DELIGHTED THAT YOU HAVE CHOSEN TO ATTEND THIS EVENT. BEFORE COMPLETING THE REST OF THE ENROLLMENT FORM, PLEASE TAKE A MINUTE TO READ THE FOLLOWING STATEMENT WHICH SUMMARIZES OUR COMMITMENT TO PROTECT THE PERSONAL INFORMATION YOU SHARE WITH US.

Privacy Policy

- WE RESPECT YOUR PRIVACY. WE PROTECT YOUR PERSONAL INFORMATION AND ADHERE TO ALL LEGISLATION REQUIREMENTS WITH RESPECT TO PROTECTING PRIVACY. WE DO NOT RENT, SELL OR TRADE OUR MAILING LISTS. THE INFORMATION YOU PROVIDE WILL BE USED TO DELIVER SERVICES AND TO KEEP YOU INFORMED AND UP TO DATE ON ACTIVITIES THAT WE SPONSOR, INCLUDING PROGRAMS, SERVICES, SPECIAL EVENTS, FUNDING NEEDS, OPPORTUNITIES TO VOLUNTEER OR TO GIVE, AND MORE THROUGH PERIODIC CONTACTS.
- IF AT ANY TIME YOU WISH TO BE REMOVED FROM ANY OF THESE CONTACTS YOU CAN DO SO BY PHONING 888-411-7537, OR VIA E-MAIL JIM@COMMUNITYOFCHRIST.CA AND WE WILL GLADLY ACCOMMODATE YOUR REQUEST.
- I HAVE READ THE PRIVACY POLICY OF THE COMMUNITY OF CHRIST AND UNDERSTAND THAT THE INFORMATION I PROVIDE WILL NOT BE SHARED WITH ANY OUTSIDE PARTY AS OUTLINED ABOVE.

○ SIGNATURE OF RESPONSIBLE ADULT: _____

Enrolment Form

Event Attending _____ Location _____

General Information

Name: _____ Date of Birth: (Day) _____ (Month) _____ (Year) _____

Address: _____
Street address City Province/State Postal/Zip Code

Phone Number: _____ E-mail: _____

Religious Affiliation _____ Home Congregation _____

School: Grade Completed: _____ Gender: Female ___ Male ___

Name of Parents, Custodial Parent, or Legal Guardian:* _____

Home Phone: () _____ Work Phone: () _____ E-mail: _____

Additional Parent, Legal Guardian or Next of Kin* _____

Home Phone: () _____ Work Phone: () _____ E-mail: _____

Persons who are allowed to pick up your child from camp:* _____

(* Applies only to those under 18 years of age.)

Emergency Notification While Camper is At Camp/Retreat (Other than information on the front, every attempt will be made to contact the primary Guardian first.)

1. Name: _____ Relationship: _____
Address: _____ Phone: () _____
City/State or Province: _____ Postal/Zip Code: _____
2. Name: _____ Relationship: _____
Address: _____ Phone: () _____
City/State or Province: _____ Postal/Zip Code: _____

Release and Waiver of Liability

Please note that this Release and Waiver of Liability must be signed by the camper, if of legal age or by the parent or guardian on behalf of any camper who is not of legal age at the time of submitting this enrolment for camp attendance and prior to attendance at camp.

IN CONSIDERATION of Community of Christ accepting my enrolment (the enrolment of _____ for whom I am the parent or legal guardian), I agree personally (and on behalf of _____ for whom I am the parent or legal guardian) to this Release and Waiver of Liability.

I understand that attendance at camp involves certain risks and dangers, not all of which can be listed here. amongst the more obvious and frequent are:

- hazards related to travel in and on lakes and rivers;
- hazards relating to swimming facilities and in connection with water sports;
- hazards in connection with movement about camp and over uneven terrain;
- hazards in connection with camp sports activities;
- hazards in connection with travel to and from camp; and
- hazards in connection with the use of camp buildings and facilities.

Neither I nor _____ are relying on any oral or written statements made by Community of Christ or by anyone representing it, whether such representations are contained in brochures or media form or in individual conversations, to lead me or _____ to become involved in the camp programme for which I have applied on any basis other than my assumption of the risks and dangers involved.

I personally (and as parent or guardian on behalf of _____) accept all risks and dangers and the possibility of death, personal injury, property damage and loss resulting from my attendance (the attendance of _____) at camp. The risk is accepted for any cause whatsoever on the part of Community of Christ or its employees, agents or representatives.

I confirm that I have read over this agreement before signing, that I understand it, that I am signing it of my own will and accord and that it will be binding not only on me, but also on my heirs, my next of kin, and my estate trustees.

I agree that the laws of the Province of Ontario govern this contract and that any legal concerns will be handled in the courts of that Province.

Signature of Responsible Adult** _____ **Date** _____

ASSUMPTION OF RISK & INDEMNITY AGREEMENT

FOR AND IN CONSIDERATION OF THE UNDERSIGNED CAMPER'S PARTICIPATION IN OFF-SITE SWIMMING ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITY, PARTICIPANT'S PARENT(S) OR LEGAL GUARDIAN(S) WAIVE, RELEASE AND RELINQUISH ANY AND ALL CLAIMS FOR LIABILITY AND CAUSE(S) OF ACTION AGAINST THE COMMUNITY OF CHRIST, INCLUDING PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OCCURRING TO PARTICIPANT, ARISING OUT OF PARTICIPATION, AND/OR ACTIVITIES INCIDENTAL THERETO, INCLUDING ORDINARY NEGLIGENCE, WHENEVER OR HOWEVER THEY OCCUR AND FOR SUCH PERIOD SAID ACTIVITIES MAY CONTINUE, AND BY THIS AGREEMENT ANY SUCH CLAIMS, RIGHTS, AND CAUSES OF ACTION THAT PARTICIPANT (AND PARTICIPANT'S PARENT(S) OR LEGAL GUARDIAN(S), IF APPLICABLE) MAY HAVE ARE HEREBY WAIVED, RELEASED AND RELINQUISHED, AND PARTICIPANT (AND PARENT(S)/GUARDIAN(S), IF APPLICABLE) DOES(DO) SO ON BEHALF OF MY/OUR AND PARTICIPANT'S HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

Participant's parent(s)/guardian(s), acknowledges, understands and assumes all risks arising out of the above referenced activity and related activities, and understands that participation in the activity involves risks and dangers, including but not limited to transportation to and from said activities, and bodily injury, closed head injury, concussion, partial or total disability, paralysis and death to participant's person and damages which may arise therefrom, and that I/we acknowledge said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the Releasees. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in this release.

It is the purpose of this release to exempt, waive and relieve Releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of Releasees. "Releasees" include the Community of Christ, and its officers, directors, agents, affiliates and employees.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against Releasees, he/she shall defend, indemnify and save harmless Releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

PARTICIPANT (AND PARTICIPANT'S PARENT(S)/GUARDIAN(S), IF APPLICABLE) ACKNOWLEDGE THAT THEY HAVE BEEN PROVIDED AND HAVE READ THE ABOVE PARAGRAPHS AND HAVE NOT RELIED UPON ANY REPRESENTATIONS OF RELEASEES, THAT THEY ARE FULLY ADVISED OF THE POTENTIAL DANGERS OF THE ACTIVITIES DESCRIBED HEREINABOVE, AND UNDERSTAND THESE WAIVERS AND RELEASES ARE NECESSARY TO ALLOW THE EXISTENCE OF THE VOLUNTEER YOUTH ACTIVITIES.

Participant's Name: _____ **Age:** _____
Signature of Responsible Adult** _____ **Date** _____

PHOTO RELEASE

In consideration of the right of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which the camper may appear. I hereby waive all right of privacy in and to any said pictures, videotapes or web page.

Signature of Responsible Adult** _____ **Date** _____

SPECIAL PERMISSION REQUIRED

All Church sponsored Camps and Retreats are "No Smoking" events. However if there are Senior High Age youth who are addicted to nicotine and wish to attend this event but who cannot refrain from smoking during this activity, special permission must be received from their parent or guardian in order for them to smoke. Even with permission however this is still at the discretion of the Camp Director.

I am aware that my child is a smoker and may choose to smoke at designated times and place during the camp at the discretion of the Camp Director.

Signature of Responsible Adult** _____ **Date** _____

(** Camper must be 18 years of age or older to sign on their own behalf.)

Medical Information

Medical Information for: _____ (camper's full name) Weight: _____

The following questions are for informational purposes only and all answers will be held in strict confidence. This information is required to help ensure the health, safety and, if required, the effective medical treatment of your child.

Allergy to foods, medications (if none, so state) _____

Is camper currently under a physician's care for any acute or chronic medical condition? Yes ___ No ___

If yes, please explain _____

Does camper carry *non-prescription* medication on their person? (if none, so state) _____

Medication(s) and purpose _____

Does camper require *prescription* medication? (if none, so state) _____

Medication(s) and purpose _____

Physician _____ Phone () _____

Health Card Number _____

Original Health card is required. If original Health Card is not shown at time of treatment additional non-refundable charges may be applied.

Out of country health information

Health Insurance Provider _____ Phone () _____

Policy Holder's Name _____

Address _____

Group Number _____ Policy Number _____

Other Information _____

Health Information

Has applicant ever had any of the following (Please check if yes and provide month/year of latest occurrence)

anaemia ___ appendicitis ___ asthma ___ bronchitis ___ chicken pox ___ diabetes ___ epilepsy ___ HIV ___ frequent
colds ___ heart trouble ___ heart murmur ___ kidney trouble ___ measles ___ mumps ___ pneumonia ___ rheumatic
fever ___ sinusitis ___ scarlet fever ___ sore throats ___ tuberculosis ___ whooping cough ___
fractures (describe) _____ other _____

Please list applicant's major operations or serious injuries (describe and give dates) _____

Please list applicant's immunization dates for the following (or attach a copy of health card)

DPT ___ booster diphtheria ___ booster tetanus ___ smallpox ___ typhoid ___ tuberculin ___
measles ___ mumps ___ polio vaccine ___ other _____

What contagious disease(s) has the applicant been exposed to recently? _____

Please check any of the following conditions that apply

Vision problems ___ hearing problems ___ hernia ___ fainting ___ diarrhoea ___ constipation ___ sleepwalking ___

Recent emotional upset (death of loved one, divorce of parents) please explain _____

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicant's experience at camp/retreat _____

Permission for Medical Treatment

I, the undersigned, parent, legal guardian, next-of-kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, medicines, ambulance, other)

Signature of Responsible Adult** _____ **Date** _____

(** Camper must be 18 years of age or older to sign on their own behalf.)

