

2020 Registration Form

Use a separate form for each camp and camper.

Register online: www.campchristopher.ca

Full payment due July 1st.

I would like to register for Camp # _____ Dates _____

Name _____ Age _____

Birthday (d/m/y) _____ Grade completed _____ Sex M F

Address _____

City _____ Postal Code _____

Requested Cabin Mate (one) _____

Has your camper been to Camp Christopher before? Yes No

I permit Camp Christopher to take pictures/video of my child with the possibility it may be used in marketing and/or social media. Yes No

Denomination _____

Home Church _____

Parent/Guardian _____ Relationship _____

Work Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Relationship _____

1st Phone _____ 2nd Phone _____

2020 Medical Form

Health Card Number _____

Does the camper receive any medication? Yes No

If yes, please indicate the medication(s) including dosage and time of day it is given.
(All medication must be given to first aider in original packaging at registration).

Date of last booster _____

My daughter has been told about menstruation Yes No

Please check if the camper is subject to or has had any of the following:

___ asthma

___ depression

___ heart trouble

___ anxiety

___ ear infections

___ homesickness

___ ADHD

___ eating disorders

___ migraines

___ appendicitis

___ epilepsy

___ nightmares

___ bed wetting

___ fainting

___ nosebleeds

___ chicken pox

___ fear of the dark

___ sleepwalking

___ constipation

___ headaches

___ shyness

Information About/Special Treatment for Conditions _____

Does your child have any known allergies or dietary needs? Yes No

If yes please list _____

Reaction/Treatment: _____

**Camp Christopher greatly appreciates food donations on opening day and during the summer. We would like to donate (nut-free please): _____

I permit Camp Christopher, in the event of accident, injury or illness to authorize on my behalf all medical and other procedures including admission to hospital and all other necessary treatment deemed essential for the care and well being of the camper listed on this form. Every effort will be made to contact family should an emergency arise. I also understand that, having taken such precautions as in our discretion are deemed advisable, Camp Christopher shall not be held responsible for any accident or illness involving my/our child.

Signature of Parent/Guardian _____

If your child has a special need please call Donna Wilkinson at 306-586-4026 to make sure we can meet your child's needs