

Immunization (Please indicate dates of last booster)	Tdp (tetnus, diphtheria, polio) _____d/____m/____y
Hepatitis _____d/____m/____y	HIB _____d/____m/____y
MMR (measles, Mumps, Rubella) _____d/____m/____y	BCG/TB (Tuberculosis) _____d/____m/____y

Past History of Communicable Diseases and approximate dates:

Chicken Pox	Red Measles	German Measles
Tuberculosis	Hepatitis	Mumps
Mononucleosis	Whooping Cough	Other

Other Health Issues (Please check any applicable areas)

<input type="checkbox"/> Homesickness	<input type="checkbox"/> Clotting Disorder	<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Emotional/Physical Limitations
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Frequent Earaches/Infections
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Headaches	<input type="checkbox"/> Behavioral Concerns
<input type="checkbox"/> Urinary Infection	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease/Disorder	<input type="checkbox"/> Wears glasses/contacts
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sight Difficulty	<input type="checkbox"/> Seizures	<input type="checkbox"/> Other

Any explanation or comments on above conditions or any special needs or recent personal crisis

Medications Being Sent With Camper: (All medications must be in original container and clearly marked with drug name and dosage instructions)

Medication Name	Dosage	Administration Times	Reasons for taking medication

Dietary Restrictions

Specific Activities to be encouraged or limited

For female camper: Has camper menstruated Yes No

Has menstruation been explained to the camper? Yes No

Medical Authorization:

To the best of my knowledge, this camper does not have a communicable disease and has not been in contact with anyone who has a communicable disease within 3 weeks of the camp session start date. The camper is physically able to participate in all camp activities except as indicated. All medical problems or conditions requiring ongoing medical supervision or care have been fully noted. I give permission for this health information to be shared with appropriate camp staff and outside medical personnel as necessary. Permission is, hereby, given to the camp staff to take whatever steps it deems necessary to ensure the safety and health of the camper. This includes, in the event of illness or accident; permission to contact the camper's family physician/specialist (Please inform your physicians that you have given this authorization), permission for the director or his/her appointee to authorize any prescribed medication, x-ray, or treatment beyond that available at camp and all other medical and other procedures, including admission to hospital and all other necessary treatment. I understand that I will be responsible for any payment required. I, hereby, certify that all information completed in this form is accurate and up to date. I will notify the camp and verify in writing if any changes occur in the camper's health status.

Parent / Guardian Signature _____ Date _____

Name of Camper _____

Registration Policies

- Camp registrations are accepted in the order in which they are received with completed pre-registration form and \$35.00 registration deposit. The \$35.00 fee is **non-refundable**.
- Sibling discount - The child enrolled in the most expensive program pays full fee. Additional siblings receive a 5% discount on their registered session.
- Edgewood Camp and Conference Centre reserve the following rights:
 - To limit the number of weeks a camper attends.
 - To refuse any registration based on previous behaviour, misconduct, or the camp's discernment that it does not have the medical or support resources to meet a child's needs. Edgewood will issue a full refund of deposit and fees if this situation occurs.
 - to cancel any camp session if a minimum number of participants have not registered one week before the program starts. Full refunds will be issued if this situation occurs.
- A \$50.00 service charge will be levied on all NSF cheques.

Cancellation and Refund Polices

- A total refund of fees due to cancellation will only be issued if the cancellation is made a full thirty days before the start of the camp session. After this time refunds will be given for medical reasons only upon receipt of a written request for the refund and a physician's written certification.
- Refunds are not granted if the parent/guardian withdraws the camper from the program session early, or if the camper is sent home at any time throughout the week due to behavioural problems.

If you have plans for your child to leave camp temporarily for the purpose of any planned activity or appointment, written notification of the leave must be submitted at or prior to registration day.

Authorization:

- **In registering and permitting (name of child) _____ to attend Edgewood Camp and Conference Centre, I, the undersigned parent, guardian or other duly authorized person hereby agree as follows:**

- I understand that my child will participate in the full Edgewood program and all camp activities.
- I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion is; a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the camp.
- I agree to indemnify Edgewood Camp and Conference Centre and the Eastern Synod of the Evangelical Lutheran Church in Canada, their agents, employees, members, directors, and officers for any kind of liability, howsoever incurred or caused during the stay of my child on or off the site. I further agree and understand that Edgewood Camp and Conference Centre and the Eastern Synod of the Evangelical Lutheran Church in Canada, their agents, employees, members, directors, and officers shall not be responsible for :
 - any loss or damage of any kind to property whatsoever, however caused;
 - Any injury to any person however caused.

I have read and understand the registration, cancellation and refund and liability limitation information.

Parent/Guardian Signature

Date

Photography Permission

- I understand that photographs and/or video of my registered children taken at Edgewood Camp and Conference Centre or its sponsored activities may be used in camp promotional material and I consent to the use of such material by the camp.

Parent/Guardian Signature

Date

This CONTACT INFORMATION AND HEALTH FROM is available on our website: www.edgewood-camp.on.ca