

Junior Leader-in-Training Application & Health Information Form

Surf Shack 2016

July 3-9, 2016

Send or deliver completed application form to Camp Director

5555 – 4 Avenue NE Calgary, AB T2A 3X9

H: 403-730-0290

RockLakeCamp.BC@hotmail.com

NAME OF JUNIOR LEADER-IN-TRAINING: _____

Birth Date: _____ Age: _____ Grade entering in Sept: _____

PARENT GUARDIAN : _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE (home): _____ (work): _____ (cell): _____

EMAIL: _____

Experience:

As a Camper (where/when): _____

Other Experience/Training (pertinent to the position) (where/when): _____

Have you taken this course before? Yes No If "YES", when? _____

Why would you like to take our course? _____

Additional Information:

Our camp will be a Christian camp. In what way do you feel you can make a contribution to the Christian community that is to be maintained throughout camp? _____

I understand that Junior Leader-in-Training places at camp are subject to the approval of the Camp Director and The Rock Lake United Church Camp Society and that, if accepted into the program, I will have the status as a camper, not that of a leader.

(Signature of Junior Leader-in-Training)

(Date)

NOTE: Please complete reverse side for Medical Information.

This year, we have an activity which requires the knowledge of your t-shirt size:
CHILD: XS S M L
ADULT: XS S M L XL XXL

Medical Information:

Family Name (please print)	First Name (please print)
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Alternate Emergency Contact: _____

PHONE (home): _____ (work): _____ (cell): _____

Doctor's Name: _____ Phone: _____

B.C. Health Care Card No.: _____

**Please
do not
send
sick
kids
to
camp!**

Is the Junior Leader-in-Training presently under the care of a physician or receiving medical attention? Yes No

If "YES", please describe: _____

Please list all known allergies (food, medication, bee stings, etc.): _____

Please list any food restrictions: _____

Does the Junior Leader-in-Training have or has he/she had...: (Check all that apply)

Rheumatic Fever Asthma Diabetes Epilepsy

Are all immunizations up to date? Yes No

If "NO", please explain: _____

Will you permit the Camp Nurse to administer light remedies, such as Tylenol, cough syrup, etc.? Yes No

Other Comments: _____

I, the undersigned, acknowledge and consent to the participation of my child in the United Church Junior Leader-in-Training Camp program being held by The Rock Lake United Church Camp Society (July 3-9, 2016). Details concerning this camp, including activities, travel, leadership, location and safety features have been communicated to me and are understood. I understand that cost for the camp is \$150.

Further, this is my permission for the Official-in-Charge or his/her designate to make arrangements for necessary surgical or medical attention in the event of serious illness or injury. I understand that, if such action is required, every effort will be made to notify the parent or guardian.

I further understand that photographs and/or videos may be made of the camp and campers to be used for publicity purposes.

(Signature of Parent or Legal Guardian)

(Date)

NOTE: Please complete reverse side for Junior Leader-in-Training Personal Information.