

CAMP LAC L'ACHIGAN • REGISTRATION FORM 2017

The Salvation Army DHQ • 625 President Kennedy Ave, Suite 1700, Montreal, Quebec, H3A 1K2 • Tel: 514-288-2848 • Fax: 514-288-3521
 Camp Lac l'Achigan • 55, 380e ave, Box 314, St-Hippolyte, Quebec • Tel: 450-563-2256 (summer)



Arrival time Monday, 10:30 a.m.
Departure time: Friday, 4:00 p.m.
Ages: Ages 13-15
Cost: \$75
Deadline to apply: Two weeks prior to camp

Leaders In Training Program (L.I.T.)

- L.I.T. A: July 10 – 14, 2017 (French & English)
- L.I.T. B: July 17 – 21, 2017 (French & English)
- L.I.T. C: July 24 – 28, 2017 (French & English)



Camper	First Name		Last Name	
	School Grade		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Date of Birth <small>MM/DD/YY</small>		Age at date of camp	
	Email		T-shirt Size Adult <input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M Kids <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S	
	Language(s) <input type="checkbox"/> English <input type="checkbox"/> French			
	How did you hear about camp?		Church (Specify):	Other (internet, friend, etc...):

Question	Why do you want to be an L.I.T.?:

Parent	Parents/Guardian		Telephone # 1	
	Address		Telephone # 2	
	Town/City		Postal Code	
	Province	Email		

Emergency	Please list the names of all persons authorized to pick up your child from camp			
	Please note that your child will only be released into the care of those individuals identified below (who may be required to provide proof of identity). If you need to make changes to this list, you must do so in writing:			
	1. Name		Relationship	
	Phone #'s	() () ()		
	2. Name		Relationship	
Phone #'s	() () ()			
Please list the names of anyone that should NOT contact, visit, or pick up your child from camp:				

Medical	The well-being of all campers is important to us. The more information you provide us, the better we can meet the needs of your child. Please note that all campers must have appropriate health insurance coverage to attend camp, either under a provincial health insurance plan or with a private insurer. The Salvation Army Quebec Camp requests that you provide your child's health card number on this form and in addition, give permission for their health card to be brought to camp with the camper for the duration of the time that they have signed up for. In accordance with the policy of the Régie de l'assurance maladie du Québec, you are under no obligation to provide us with your child's health card number and your child's application for camp will not be rejected as a result of your failure to provide this number. The sole purpose of collecting your child's health card number is to facilitate the provision of medical services to your child should this become necessary during the camp season. Please note: (1) The Salvation Army in Canada will not be responsible for any fees incurred and (2) the medical facility will not release your child without providing the physical card or insurance.			
	Health Card/Insurance Policy Number			
	Family Physician		Inoculations up-to-date	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Contact Number		Date of last Tetanus shot	

About our camp: Since 1933, the Salvation Army Camp Lac l'Achigan has provided safe and effective programming to children and families in Québec. Our goal is to make camping not only affordable, but an unforgettable and life-changing experience. The experience will include Bible stories, beach time, swimming, campfires, kayaking, canoeing, ropes course, crafts, nutritious meals, games, sports and more.

Allergies	Please list any allergy (i.e. food, drug, seasonal, environmental)			
	Allergy	Reaction	Treatment	Epi-pen Required?
				Y / N
				Y / N

Medications	Personal Medications: All personal prescription and over the counter medications must be in the original container. The dosage and instructions must be clearly readable. All medication must be handed in at registration and will be securely stored in our "camp hospital." Please list below any medication the camper will likely be taking during their time at camp.			
	Camp Medications: I also authorize the camp to administer the following, if needed: acetaminophen, ibuprofen, benadryl, pepto bismol, tums, gravol, caladryl (or other itch medicine).			
	I authorize the camp to administer the medication to my child as set out above.			➡ Sign & date

Other	Additional Information you would like us to know to help your child have a positive camp experience (example: health issues, dietary restrictions like vegetarianism, behavioral issues, night terrors, sleep walking, homesickness)		
	I agree to allow photographs, video, or audio of camp activities, which may include my child, to be used in camp promotional material including without limitation brochures, CDs, DVDs, the camp website and newsletters.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Promise	I want to become a L.I.T. at The Salvation Army's summer camp. I agree to abide by the camp rules. I will do my best to make this a good experience for myself and my fellow campers. I understand that failure to live up to this promise will result in my dismissal from camp.	
	➡ _____ <i>L.I.T. Signature</i>	

Terms & Conditions of Enrollment	<p>In case of a medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event that medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and/or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. I have informed the Camp of all known health issues. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.</p> <p>All campers will be inspected for head lice upon arrival at camp. I understand that the camp has a zero tolerance for head lice. If my children arrives with head lice, I will be notified and responsible for arranging transportation for my child to come home.</p> <p>I agree to release, waive and forever discharge The Salvation Army Canada and Bermuda Territory, The Governing Council of the Salvation Army in Canada, and all associated charities, divisions, and unincorporated associations, as well as all officers, employees, and volunteers associated with them ("The Army"), from any and against all claims, losses, damages, expenses, suit(s) or other remedies/actions while my child is engaged in any facet whatsoever of the program. I further agree to indemnify and hold harmless The Army from and against any claims that may be asserted against them by third parties, which may arise by reason of my child's participation in any facet of camp.</p> <p>I have discussed the "Camper Promise" with my child and can confirm that my child agrees to participate fully in the program, to follow safety instructions, and refrain from behavior that is harmful to themselves or others. I understand that the camp prohibits the possession or use of tobacco, alcohol, and non-prescription drugs. I understand that Salvation Army in Canada reserves the right to expel a camper if they have been found to have acted inappropriately or contrary to camp rules and regulations and that no refund will be provided in such an event.</p> <p>You may receive a 100% refund if you cancel your child's registration no later than seven (7) days before the start of camp session. All cancellations must be done in writing, by email, fax or mail. No refunds will be granted if a parent/guardian withdraws a camper after this deadline or if a camper is sent home for misconduct.</p> <p>I have read and understood the terms of this agreement and by allowing my child to participate in the camp, I am voluntarily agreeing to abide by these terms.</p>	
	➡ _____	
	<i>Parent/Legal Guardian Signature</i>	

	<i>Date</i>	

For Corps / Ministry Unit use ONLY:			
Corps / Ministry Unit name:	Officer's OR Registrar's signature for approval:	Date:	Amount:
	➡ _____		