

Camper Registration 2024



Please indicate which Camps you are registering your child for:



Aug 5-9, 2024*

Aug 19-23, 2024

Aug 12-16, 2024

July 22-26, 2024

Extra form required

ST. GEORGES

PERSONAL INFORMATION

Last Name: _____ First Name: _____
 Birthdate (mm/dd/yyyy): _____ Age: _____ Male Female
 Address: _____
 Parish: _____ Postal Code: _____
 Home Phone: _____ Cell Phone: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ email: _____
 Parent/Guardian's Signature: _____

EMERGENCY CONTACT INFORMATION

(please provide details in the event parent/legal guardian is not available. Working numbers must be provided due to COVID.)
 Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ email: _____
 Family Doctor: _____ Phone: _____

APPROVED ADULTS TO PICK UP MY CHILD/CHILDREN

The following adults have my permission to drop off and pick up my child. Please note we will not release your child to anyone other than you or the people you have indicated in writing. No exceptions.

Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____
 Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____

OTHER ACTIVITIES

Are you wanting to receive information about other activities through the year? yes no

A completed medical form must be submitted with this application.
All medical information will be kept strictly confidential.

MEDICAL FORM

INFECTIOUS DISEASE INFORMATION

Does your child presently have, or recently had, any infectious disease? yes no

If yes, please specify the type of illness and provide a doctor's note indicating that your child is fit for camp.

Please indicate if your child have ever had any of the following infectious diseases or conditions:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> chicken pox | <input type="checkbox"/> measles (red) | <input type="checkbox"/> rheumatic fever | <input type="checkbox"/> hepatitis |
| <input type="checkbox"/> mononucleosis | <input type="checkbox"/> measles (german) | <input type="checkbox"/> scarlet fever | <input type="checkbox"/> whooping cough |
| <input type="checkbox"/> mumps | <input type="checkbox"/> head lice | <input type="checkbox"/> other (specify): _____ | |

PLEASE NOTE: At this time antigen tests are not required, however, should that change by Government Regulation, we will let you know.

GENERAL MEDICAL HISTORY

Please indicate if your child have ever experienced any of the following medical problems:

- | | | | |
|---------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> asthma | <input type="checkbox"/> epilepsy | <input type="checkbox"/> pneumonia | <input type="checkbox"/> appendicitis |
| <input type="checkbox"/> ear problems | <input type="checkbox"/> tonsillitis | <input type="checkbox"/> kidney/bladder problems | |

If the answer is yes to any of the above list the specific treatment required: _____

Are your child's immunizations up to date? yes no

Date of last Tetanus shot (mm/dd/yyyy): _____

ALLERGY INFORMATION

Specify Below ...

Reaction ...

Medication: _____	_____
Food: _____	_____
Insect Bites: _____	_____
Environmental: _____	_____
Other: _____	_____

Does your child carry an Epi-Pen: yes no

If yes, do they need help using the Epi-Pen: yes no

OTHER RELEVANT INFORMATION/SPECIAL NEEDS

MEDICAL CONSENT

I wish to enroll my child in The Salvation Army Camp at Home Program. In case of illness I authorize Salvation Army personnel to secure medical advice and services as deemed necessary for the health of my child. I would expect The Salvation Army to notify my emergency contact/me immediately of any serious injury or illness. I also release The Salvation Army personnel from all responsibility and claim for accident, sickness or other loss while my child is attending the Camping Program.

Signature: _____ Date: _____
Parent/Legal Guardian (mm/dd/yyyy)

OFFICE USE ONLY

Date Form Received: _____ Fee Received: _____ N/A

PHOTO RELEASE

I hereby give authorization to The Governing Council of The Salvation Army in Canada, The Salvation Army Canada and Bermuda Territory, and all associated and related charities (collectively referred to throughout the remainder of this document as “The Salvation Army”) to use my story, photos, audio or video, for any and all marketing, public relations and promotional purposes, which The Salvation Army may, in their sole and absolute discretion, deem appropriate.

In the event of a minor, I hereby give authorization as parent/guardian to use the story, photos, audio or video.

I understand that by submitting this form I am consenting to my child’s photo being used as stated above unless I check the box stating no. no

FIELD TRIPS

I hereby give authorization to The Salvation Army Bermuda Division Camping Program to take my child off site to various activities as deemed necessary for the running of the program.

I understand that by submitting this form I am consenting to my child being taken off site as stated above unless I check the box stating no. no

Conditions of Enrolment & Consent

- All applicants must complete a registration form for camp. They will not be accepted into the care of the staff without one.
- Applicants must be 6 years of age (minimum) at time of activity. **Age 8 for STEAM Camp.**
- A completed medical form must be submitted with this application. All medical information will be kept strictly confidential.
- Participants must be picked up at the end of the program.
- Inappropriate clothing (displaying alcohol/drug logos, profanity or anything of a sexual nature) is not permitted.
- Revealing clothing is not permitted.
- We will be spending periods outside, please make sure your child comes with water, a hat and sunscreen.
- The Salvation Army is not responsible for the damage or loss of personal property.
- Electronic devices are permitted (at owners own risk), however their use during activities is discouraged.
- The Salvation Army reserves the right to dismiss a camper for inappropriate behaviour.
- The Camp Director reserves the right to dismiss any camper who in his/her opinion rejects the conditions of enrolment or demonstrates a hazard to the safety and/or well-being of the Bermuda Camping Ministry, himself/herself, or others.