



# Zion Hill Children's Camp 2022 Registration Forms

Week 1: July 3<sup>rd</sup> - 8<sup>th</sup> Ages: 10-12

Week 2: July 10<sup>th</sup> - 15<sup>th</sup> Ages: 7-9

Please Print Clearly	My Child will be attending...
Name: _____ Date of Birth: _____ Age: _____ Male               Female Address: _____ City: _____ Prov: _____ Postal Code: _____ Name of Parent/Guardian: _____ _____ Phone # (daytime): _____ Phone # (evening): _____ E-mail: _____ Name of desired roommate: _____  <div style="text-align: center;">             I would like to order a camp T-shirt:              Small   Medium   Large   X-Large                (Sizes of T-shirts can not be guaranteed for              registrations received after June 1<sup>st</sup>. T-shirts <b>may</b> be              available for sale at the time of registration.)           </div>	<input type="checkbox"/> Children's Camp Week 1: July 3 <sup>rd</sup> - 8 <sup>th</sup> Ages: 10-12 <input type="checkbox"/> Children's Camp Week 2: July 10 <sup>th</sup> - 15 <sup>th</sup> Ages: 7-9  <div style="border: 1px solid black; padding: 5px;">           Enclosed is:  <input type="checkbox"/> Early Bird Registration (Prior to June 1<sup>st</sup>) ..... \$290.00  <input type="checkbox"/> Registration Fee (After June 1<sup>st</sup>) ..... \$320.00  <input type="checkbox"/> T-Shirt ..... \$20.00  <input type="checkbox"/> Memory Stick of Camp Photos ..... \$15.00              Total: \$_____           <p style="font-size: small; text-align: center;">To request eTransfer please email: <a href="mailto:zionhillkidscamp@gmail.com">zionhillkidscamp@gmail.com</a></p> </div>
This year we will be swimming at a local beach (to be determined). A certified lifeguard will be on duty. Please indicate whether or not your child requires the use of a life jacket. Our lifeguards will be conducting a swim test to ensure that campers are able to swim independently.  <div style="background-color: yellow; padding: 2px;">             My child requires a life jacket               Yes       No           </div>	The cost of camp includes \$10.00 for Tuck. Please do not send additional money or candy.  <div style="background-color: black; color: white; text-align: center; padding: 2px;"><b>Important Information</b></div> Camp concludes on the Friday of each week at 7:00pm. My child will be picked up by: _____ _____ _____ (Please list all people who can pick up your child) <div style="background-color: yellow; padding: 2px;">Signature of Parent/Guardian: _____</div> Date: _____  <b>Please Note: Parent/Guardians must sign their child out at the end of camp before leaving the campgrounds.</b>
Transportation and swimming Waivers will be sent out closer to the time of camp and must be signed and returned to access the beach.	
All camp forms can be sent to the camp director: Mitchell Hanniman by mail or email 1123 Golf Course Road Renfrew, ON K7V 3Z6 Or <a href="mailto:zionhillkidscamp@gmail.com">zionhillkidscamp@gmail.com</a>	

# Zion Hill Children's Camp 2022 Medical Forms

Camper Info	Contact Info
<p>Last Name: _____ Male                      First Name: _____ Female                      Home Address: _____                      City: _____ Prov: _____                      Postal Code: _____ D.O.B.: _____                      Age as of Sept. 1<sup>st</sup>, 2022: _____                      Health Card # _____</p>	<p><b>Primary Contact Name:</b> _____                      Relationship to Camper: _____                      Home Phone # _____ Work Phone # _____                      Cell Phone # _____</p> <p><b>In Case of Emergency Contact</b>                      Name: _____                      Relationship to Camper: _____                      Home Phone # _____ Work Phone # _____                      Cell Phone # _____</p> <p>Name of Family Physician: _____                      Doctor's Phone # _____</p>
First Aid Info	Medications
<p>I give permission for the medications outlined on the medical forms to be administered to my child by the First Aid Attendant of Zion Hill Children's Camp. I consent for the First Aid to be administered to my child as necessary. I also agree that the following medications and lotions/creams may be applied as necessary.</p> <p><b>Please indicate by circling YES or NO.</b></p> <p>YES NO Benadryl for allergic reactions                      YES NO Tylenol for fever or headache                      YES NO Advil for fever or headache                      YES NO Gravol for nausea/vomiting                      YES NO Calamine Lotion (insect bites/minor skin irritations)                      YES NO Polysporin to prevent infection/spread the healing of minor cuts and scrapes.</p> <p style="background-color: yellow;">Signature of Parent/Guardian: _____                      Date: _____</p>	<p>1. Name of Medication: _____                      Dosage: _____                      Frequency: _____                      Purpose: _____</p> <p>2. Name of Medication: _____                      Dosage: _____                      Frequency: _____                      Purpose: _____</p> <p>3. Name of Medication: _____                      Dosage: _____                      Frequency: _____                      Purpose: _____</p>
<p>In the case of a medical emergency, I understand that effort will be made to contact the primary contact and the emergency contact. In the event they cannot be reached, I hereby give permission for the camp director/designated to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment treatment or procedures for the participant named above.</p> <p style="background-color: yellow;">Signature of Parent/Guardian: _____                      Date: _____</p>	<p>All medications, both prescription and over the counter, must be clearly labelled in an original container including dosage and instructions for usage from pharmacy and given to the FIRST AID ATTENDANT at the time of registration.</p> <p style="text-align: center;"><b>For Camp Use Only</b></p> <p>Has the camper been exposed to any contagious disease within the three weeks prior to arrival at camp?                      Yes No Details: _____                      _____</p>

**Allergies****Please indicate by circling any that apply.**

None

**Drug Allergies**

Penicillin                      Sulfa                      Anesthetic

Codeine                      Acetaminophen

Other Describe: \_\_\_\_\_

**Environmental Allergies:**

Bee Stings                      Pollen                      Hay fever

Latex                      Animal Dander                      Dust/Mold

Other Describe: \_\_\_\_\_

**Food Allergies**

Lactose Intolerant                      Peanuts                      Nuts

Gluten                      Food Dye

Other Describe: \_\_\_\_\_

**Describe Reaction to allergies circled above:****Anaphylactic reaction to allergies:**                      YES      NO

EpiPen:                      YES      NO

Child Knowledge of Use of EpiPen:                      YES      NO

Epi Pen kept on child's person:                      YES      NO

**Ventolin Inhaler:**                      YES      NO

Child's knowledge of use of inhaler:                      YES      NO

Inhaler kept on child's person:                      YES      NO

**Special Instructions****(Please Attach an Additional Page)**

Please outline any special instructions concerning care, medication, diet, allergies, custody, etc.

**Medical History**

Any medical, emotional, or behavioural condition(s) not fully disclosed in the health form could result in the camper being sent home from camp. In that event, no refund will be issued.

**Medical Conditions** (Please circle all that apply)

None                      Asthma                      Hearing Problems

ADD/ADHD                      Seizures                      Behavioural Disorder

Convulsions                      Diabetes

Other Describe: \_\_\_\_\_

**Current Conditions:**

None                      Bedwetting                      Bowel Problems

Stomach Aches                      Homesickness                      Sleepwalking

Headaches                      Nightmares                      Frequent Colds

Sore Throats                      Sinus Infections                      Ear Infections

Other Describe: \_\_\_\_\_

**Immunizations (Please List)**

Has your child been immunized?                      YES      NO

Types of immunizationDate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Restrictions in Activities**                      YES      NO

Details:

\_\_\_\_\_

\_\_\_\_\_

Zion Hill Camp is doing their best to protect all campers and staff from any illnesses and diseases. This includes following all COVID-19 protocols and will continue to monitor prior and during camp.