



Zion Hill Children's Camp 2023 Registration Forms

Week 1: July 2nd – 7th Ages: 10-12

Week 2: July 9th – 14th Ages: 7-9

Please Print Clearly	My Child will be attending...
<p>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: _____</p> <p style="text-align: center;">I would like to order a camp T-shirt: Small Medium Large X-Large</p> <p style="text-align: center;">(Sizes of T-shirts can not be guaranteed for registrations received after June 1st. T-shirts may be available for sale at the time of registration.)</p>	<p>___ Children's Camp Week 1: July 2nd – 7th Ages: 10-12 ___ Children's Camp Week 2: July 9th – 14th Ages: 7-9</p> <hr/> <p>Enclosed is:</p> <p>___ Early Bird Registration (Prior to June 1st) \$330.00 ___ Registration Fee (After June 1st) \$350.00 ___ T-Shirt \$20.00 ___ Memory Stick of Camp Photos \$15.00</p> <p>Total: \$ _____</p> <p style="text-align: center;">To request eTransfer please email: zionhillkidscamp@gmail.com</p> <hr/> <p style="text-align: center;">The cost of camp includes \$10.00 for Tuck. Please do not send additional money or candy.</p>
<p>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.</p> <p>My child requires a life jacket Yes No</p>	<p style="text-align: center;">Important Information</p> <p>Camp concludes on the Friday of each week at 7:00pm. My child will be picked up by: _____ _____</p> <p>(Please list all people who can pick up your child)</p> <p>Signature of Parent/Guardian: _____</p> <p>Date: _____</p> <p>Please Note: Parent/Guardians must sign their child out at the end of camp before leaving the campgrounds.</p>
<p>Transportation and swimming Waivers will be sent out closer to the time of camp and must be signed and returned to access the beach.</p>	

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
zionhillkidscamp@gmail.com

Zion Hill Children's Camp 2023 Medical Forms

Camper Info	Contact Info
Last Name: _____ Male First Name: _____ Female Home Address: _____ City: _____ Prov: _____ Postal Code: _____ D.O.B.: _____ Age as of Sept. 1 st , 2023: _____ Health Card # _____	Primary Contact Name: _____ Relationship to Camper: _____ Home Phone # _____ Work Phone # _____ Cell Phone # _____ In Case of Emergency Contact Name: _____ Relationship to Camper: _____ Home Phone # _____ Work Phone # _____ Cell Phone # _____ Name of Family Physician: _____ Doctor's Phone # _____
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>Please indicate by circling YES or NO.</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: _____</p> <p>Date: _____</p>	1. Name of Medication: _____ Dosage: _____ Frequency: _____ Purpose: _____ 2. Name of Medication: _____ Dosage: _____ Frequency: _____ Purpose: _____ 3. Name of Medication: _____ Dosage: _____ Frequency: _____ Purpose: _____
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.	
For Camp Use Only	
<p>Has the camper been exposed to any contagious disease within the three weeks prior to arrival at camp? Yes No Details: _____</p> <p>_____</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: _____</p> <p>Date: _____</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 immunization Date

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.