



Zion Hill Children's Camp 2024 Registration Forms

Week 1: June 30th – July 5th Ages: 10-12

Week 2: July 7th – 12th 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: June 30th – July 5th Ages: 10-12 ___ Children's Camp Week 2: July 7th – 12th Ages: 7-9</p> <hr/> <p>Enclosed is:</p> <p>___ Early Bird Registration (Prior to June 1st) \$340.00 ___ Registration Fee (After June 1st) \$360.00 ___ T-Shirt \$20.00 ___ Memory Stick of Camp Photos \$15.00 ___ Zion Hill Bucket Hat \$30.00</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>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>	<p>Please Note: Parent/Guardians must sign their child out at the end of camp before leaving the campgrounds.</p>

All camp forms can be sent to the camp director: Mitchell Hanniman by mail or email
 PO Box 375
 Cobden ON K0J 1K0
zionhillkidscamp@gmail.com

Zion Hill Children's Camp 2024 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. 1st, 2024: _____ Health Card # _____</p>	<p>Primary Contact Name: _____ Relationship to Camper: _____ Home Phone # _____ Work Phone # _____ Cell Phone # _____</p> <p>In Case of Emergency Contact 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>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: _____ 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 style="text-align: center;">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>
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>	

