



Zion Hill Children's Camp 2025 Registration Forms

Week 1: June 29th – July 4th Ages: 10-12

Week 2: July 6th – 11th 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: _____ I would like to order a camp T-shirt: (Youth Sizes) Small Medium Large X-Large Other: _____ <small>(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.)</small>	<p style="text-align: center;">___ Week 1: June 29th – July 5th Ages: 10-12 ___ Week 2: July 6th – 11th Ages: 7-9 (In the event that numbers for second week are low, we will be combining ages during the first week of camp)</p> <hr/> Enclosed is: ___ Early Bird Registration (Prior to June 1st)...\$350.00 ___ Registration Fee (After June 1st) \$375.00 ___ T-Shirt \$20.00 ___ Memory Stick of Camp Photos \$15.00 ___ Zion Hill Bucket Hat \$30.00 Total: \$_____
<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;">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>
Important Information	
<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>Camp concludes on the Friday of each week at 7:00pm. My child will be picked up by:</p> <p>_____</p> <p>_____</p> <p>(Please list all people who can pick up your child)</p> <p>Signature of Parent/Guardian:</p> <p>_____</p> <p>Date: _____</p>
<p>Please Note: Parents/Guardians must sign their child out at the end of camp before leaving the campgrounds.</p>	
<p>All camp forms can be sent to the camp director: Mitchell Hanniman by mail or email</p> <p>PO Box 375 Cobden ON K0J 1K0 zionhillkidscamp@gmail.com</p>	

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 # _____ In Case of Emergency Contact Name: _____ Relationship to Camper: _____ Home Phone # _____ Work Phone # _____ Cell Phone # _____ 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 style="text-align: center;">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>	<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: _____</p> <p>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>
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>	

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.