

Date Received at DHQ: \_\_\_\_\_



Giving Hope Today

SCOTIAN GLEN CAMP

# MUSIC & GOSPEL ARTS CAMP

## Camper Application

Aug 4-11, 2012

Submit fees and applications directly to your Corps Officer



### REGISTRATION DEADLINES & FEES

**Early Bird Fee (Received at DHQ Before June 1, 2012): \$210/person tax included**  
**Late Registration (Received at DHQ After June 1, 2012): \$230/person tax included**

Registration covers the cost of a camper t-shirt but does not include the group picture.  
 An **extra \$15.00** must be included with the camp fee if you wish to order the photo.

Pictures must be ordered in advance so please check **yes** if you would like to place an order and have included the **\$15.00** fee with this application.    yes     No

Please Print

<b>CAMPER</b>	<b>First Name</b>		<b>Last Name</b>		
	Birthday (D/M/Y)	Grade in Sept 2012		Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Camper Phone		Camper E-mail		
	Specify T-shirt : <input type="checkbox"/> Youth <input type="checkbox"/> Adult		T-Shirt size:    S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>		
	Has camper attended Music Camp before?    Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when was last year attended?		

\*\*\*Campers must have reached their 7<sup>th</sup> birthday, or be entering grade 2 by first day of camp and have not reached their 19<sup>th</sup> birthday.

<b>GUARDIAN</b>	<b>Guardian's Name (first &amp; last)</b>			Relationship to Camper
	Address	City	Province	Postal Code
	Guardian E-mail Address			Fax #
	Home Phone	Work Phone		Cell Phone
	<b>Other Emergency Contact</b>			Relationship to Camper
	Address	City	Province	Postal Code
	Home Phone	Work Phone		Cell Phone

### MUSIC CAMP PROGRAMS *Auditions will be held at Registration*

\*\*\*Please bring your own instruments, stands and hymn tune books. These items will not be provided.

#### CHECK APPROPRIATE STREAM (Choose only 1 option)

<b>1. Instrumental</b> <input type="checkbox"/> Instrument: (Brass or percussion only)	<b>4. Worship</b> Specify Part:  Instrument <input type="checkbox"/> Vocal <input type="checkbox"/>
<b>2. Vocal</b> <input type="checkbox"/> Specify Part:	
<b>3. Drama</b> <input type="checkbox"/>	

\*Guitar: For campers learning guitar, please indicate which level:                      Beginner                       Intermediate

\*\*Campers who participate in brass on a Corps/Church level are encouraged to choose the brass instrument stream.

**CAMPER APPLICATION (Continued)**  
 Please Print (Use separate application for each camper)

Name of Applicant: \_\_\_\_\_

SWIMMING		
Can the camper swim unassisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Swimming level completed:	Other (please specify)

CUSTODY & RELEASE NOTATION	
Will you permit other people to pick up your child from camp? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please list people who have your permission to pick up your child from camp:	

**CONDITIONS OF ENROLLMENT**

- The parents or guardians submitting this application, are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Scotian Glen Camp, including a photocopy of the section of any court order referring to visitation rights.
- The Camp Director reserves the right to dismiss a camper without refund who, in their opinion, is a hazard to the safety or the rights of others or who appears to have rejected the reasonable controls of the Camp.
- If camp staff deems a camper's head lice condition to be severe, the camper may be returned home.
- By signing the application, you acknowledge that photographs or video footage of your child may be used as promotional material.
- Every precaution is taken for the safety and good health of the campers. In the event of an accident or sickness, the undersigned hereby releases the Scotian Glen Camp, The Salvation Army, camp directors, staff members, employees, volunteers, and support staff from all claims. This includes demands, right of action, present or future causes of action, whether the same be known, anticipated or unanticipated.
- Campers with a contagious disease cannot remain at camp.
- In the event that a guest requires prescribed medication at Scotian Glen Camp or requires special medication, transportation, X-ray or treatment beyond that which is possible at the Camp, the parents/guardian will be immediately notified and will be responsible for any additional expense.
- In the case of surgical emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named on this application.
- It is hereby acknowledged that the undersigned leave the said child with the said Camp at their own risk and the said Camp shall not be liable for any damages arising from any personal injuries sustained by the child in, on or about the lands and premises of Scotian Glen Camp or while engaged in or attending any classes, exercise, activities.
- It is The Salvation Army's intention to use your personal information to keep in touch with you throughout the year and to notify you of opportunities in children's ministries available near your place of residence. If you do not wish to be contacted, simply tick off this box.

**Application cannot be accepted without Signature of Legal Guardian/Parent.**

- I understand that without the completed application and health form my application is incomplete and may not be processed.
- I accept the conditions outlined as stated in the CONDITIONS OF ENROLLMENT

\_\_\_\_\_  
 Signature of Legal Guardian or Parent

\_\_\_\_\_  
 Date

**TO BE COMPLETED BY CORPS/MINISTRY UNIT**

Ministry Unit Name: \_\_\_\_\_ Signature Designate \_\_\_\_\_  
 Endorses the unit's full responsibility for fee

Date Received at Corps: \_\_\_\_\_



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# MUSIC & GOSPEL ARTS CAMP

## Health & Medical Form

*PLEASE NOTE: For legal reasons this form must be filled out by the legal guardian or parent. All applications are considered incomplete unless accompanied the Health and Medical Form and registration will be postponed until all information is obtained. A physician's report is not required but may be sent in addition to this form, if available.*

CAMPER INFORMATION			
First Name		Last or Family Name	
Street Address	City	Province	Postal Code
Provincial Health Card No.		Expiry Date	
Home Phone	Date of Birth (D/M/Y)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Camper's Physician Name		Physician Phone	

EMERGENCT CONTACT Please complete as much as possible	
Guardian Name	Other Emergency Contact
Home phone	Home phone
Work phone	Work phone
Cell phone	Cell phone
Fax	Fax
Email	Email

ALLERGIES	Please indicate ALL ALLERGIES and give details or treatment		
Allergic to: (please specify)	Reaction (please specify)	Severity (mild, medium, severe)	Treatment/medication required
A) Medication:			
B) Foods:			
C) Insects:			
D) Environmental			
E) Other			

**If any allergies are severe:**

**A) Does the camper carry an:  ana kit? Or  epipen?**

**B) Does the camper know how to use an:  ana kit? Or  epipen?**

**DIETARY RESTRICTIONS** – other than food allergies indicated on the allergy profile: \_\_\_\_\_

MEDICATIONS	If your child is taking medication please complete each column below:		
Condition	Name of Medication	Dosage	When taken

IMMUNIZATIONS	Have the following immunizations been received?	
(Diphtheria, Pertussis, Tetanus)	Hepatitis B	Diphtheria
(OR)TD (Tetanus & Diphtheria)	Tuberculin test-negative	Tuberculin test-positive
Tetanus Only	Measles/Mumps/Rubella	Chicken Pox
Polio	Whooping cough vaccine	

MEDICAL PROFILE		Please check the following that your child has experienced or is experiencing.			
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting	<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Serious injury-recent	
<input type="checkbox"/> Bed-wetting	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nose bleeds	<input type="checkbox"/> Sleepwalking	
<input type="checkbox"/> Contagious disease - exposure		<input type="checkbox"/> Ear infections	<input type="checkbox"/> Homesick	<input type="checkbox"/> Surgery-recent	
<input type="checkbox"/> Urinary tract infection - recent					

Please attach a note giving details of the above if necessary and any additional information you feel the Camp Directors should know or that will require attention. If your child has a medical condition, we will need a letter from your Doctor stating the applicant is capable of attending.

**Attached Note:**  Yes  No

Please Note that campers cannot come to Scotian Glen Camp with a contagious diseases, this includes head lice.

CAMPER PROFILE		We are interested in providing the best camp experience possible for your child. At Scotian Glen, most of the activities take place outdoors. To assist us, please check which characteristics would best describe your child.	
<input type="checkbox"/> Shy with others his/her age	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Makes friends easily	<input type="checkbox"/> Happy
<input type="checkbox"/> Has difficulty keeping friends	<input type="checkbox"/> Nervous	<input type="checkbox"/> Easy going	<input type="checkbox"/> Well coordinated
<input type="checkbox"/> Prefers passive activities	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Tires easily	<input type="checkbox"/> Athletically inclined
<input type="checkbox"/> Enjoys competitive sports	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Emotional	<input type="checkbox"/> Shy with adults

To the best of my knowledge, my child is in good health. If my child is exposed to any INFECTIOUS DISEASE within FOUR (4) weeks prior to leaving for Scotian Glen Camp, I will notify the registration office.

I hereby give permission for my child to receive basic non-prescription remedies (i.e., Tylenol, cold medicine, Hydrogen Peroxide, Head Lice treatment, etc.) if deemed necessary by the Camp First Aid Provider. **Note: If Camp Staff deems Head Lice condition to be severe, camper may be required to return home.**

I hereby give permission for my child to be administered prescription drugs by the Camp Health Care Provider - as listed on the medical form.

If my child has a medical emergency I give permission to have the Camp Director refer my child to hospital for treatment and to transport my child to the medical facility. I also understand that the Camp Director will try to keep me informed of any emergency plans by phoning me either at home, work or other emergency contact as noted under Emergency Contact information.

Date: \_\_\_\_\_

Signature of Legal Guardian/Parent: \_\_\_\_\_

**FOR CAMP USE ONLY**

Date: \_\_\_\_\_ Diagnosis \_\_\_\_\_

Treatment \_\_\_\_\_

Parents Notified? Yes:  By Phone  By letter Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Parents not notified: Comments/Reason: \_\_\_\_\_

Nurse signature: \_\_\_\_\_

Camp Director signature: \_\_\_\_\_