



REGISTRATION

This registration form is for F.W.S. & B.L.A.S.T. use only!

NAME OF CAMP _____	DATE OF CAMP _____
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general info

CAMPER'S NAME _____

ADDRESS _____ CITY/TOWN _____

POSTAL CODE _____ PHONE # _____

BIRTH DATE _____ MALE FEMALE AGE AT CAMP TIME _____

PARENT/GUARDIAN NAME _____

EMERGENCY CELL PHONE # _____ EMAIL _____

<p>HAS THE CAMPER BEEN TO TEEN TIME BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>CHURCH AFFILIATION _____</p> <p>SCHOOL _____</p> <p>ROOM MATE DESIRED _____</p> <p>WHERE DID YOU READ/HEAR ABOUT TEEN TIME? _____</p>	<p>IS TRANSPORTATION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>TAKE BUS AT <input type="checkbox"/> TEEN TIME OFFICE, EDMONTON <input type="checkbox"/> ST. ALBERT <input type="checkbox"/> WESTLOCK</p>
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medical info

CAMPERS HEALTH CARE # _____ OTHER MEDICAL # _____

DOES YOUR CHILD REQUIRE PRESCRIPTION MEDICATION AT CAMP? YES NO

IF YES, PLEASE DESCRIBE THE REASON: _____

NAME OF MEDICATION, DOSAGE AND TIMES TO BE GIVEN: _____

PLEASE LIST ANY PERTINENT ALLERGIES: _____

IF NECESSARY, CAN YOUR CHILD RECEIVE MEDICATION FOR:

COUGH/COLD YES NO ALLERGIES YES NO

INDIGESTION YES NO HEADACHES YES NO

DOES HE/SHE WET THE BED? YES NO DOES HE/SHE EVER SLEEP WALK? YES NO

I hereby authorise the person(s) designated by Teen Time of Edmonton as health caregiver to dispense the above medications to my child while he/she is attending this Teen Time of Edmonton event. I also give to the Teen Time camp director the right to obtain any necessary medical treatment for my child. By signing below I indicate that all information is complete and accurate.

Parent or Guardian's Signature _____ Date _____

Camper Notification of Risk

I recognize that Teen Time offers many activities which are participatory in nature, and which, due to the nature of the activities, involve inherent risks. I am aware that the activities of horseback riding, sleigh/hay riding, broomball, skiing, field sports and other activities at Teen Time Ranch and in other Teen Time programs have inherent risks and I have full knowledge of the nature and extent of the risks associated with these activities. I assume the responsibility for damage to my child, or the child in my care, or Teen Time property by virtue of each participant's voluntary participation in these activities. I recognize that Teen Time will take reasonable precautions to protect Teen Time program participants from the above risks, but that Teen Time does not accept responsibility for damage to persons or property due to accident or any other cause which may occur on or outside Teen Time premises. I am the parent or legal guardian of the above person. I acknowledge having read this entire notification prior to signing it.

Upon signing this form, the parent or legal guardian also agrees to permit the use of photos and/or videos of the applicant camper in promoting the camp or camp activities and programs.

Signed the _____ day of _____, _____ (yr)

Parent or Guardian's Signature _____	Please Print Name Here _____
Witness Signature _____	Please Print Name Here _____

Submit completed forms to: Teen Time — 12235-50 St. NW, Edmonton, AB T5W 3C7 or info@teentime.ab.ca

Please complete this registration form, including the medical information area and notification of risk. Use a separate form for each camper and camp. Include payment for the complete amount. We accept: Cheque, Cash, Money Order, Debit, VISA, Mastercard & E-Transfer. If paying by cheque or money order make it payable to Teen Time. A \$10 charge for NSF cheques will apply. GST #10806-6697

**A full refund will be sent upon notice of cancellation, 2 weeks prior to the retreat.
After the 2 week deadline, refunds will not be available.**