



REGISTRATION

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

NAME OF CAMP _____

DATE OF CAMP _____

general info

CAMPER'S NAME _____ FIRST _____ LAST _____

ADDRESS _____ CITY/TOWN _____

CODE _____ PHONE _____

BIRTHDATE _____ MALE FEMALE AGE AT CAMP TIME _____

PARENT/GUARDIAN NAME _____ EMERGENCY PHONE _____

FAX _____ EMAIL _____

CHURCH AFFILIATION _____ SCHOOL _____

HAS THE CAMPER BEEN TO TEEN TIME BEFORE? YES NO

WHERE DID YOU READ/HEAR ABOUT TEEN TIME? _____

ROOM MATE DESIRED: _____

TAKE BUS AT: TEEN TIME OFFICE, EDMONTON ST. ALBERT WESTLOCK

CAMP FEES ARE NON-REFUNDABLE 14 DAYS BEFORE CAMP

CAMPERS HEALTH CARE # _____ OTHER MEDICAL # _____

PHYSICIAN'S NAME _____ PHONE _____

DOES YOUR CHILD HAVE FREQUENT	HAS YOUR CHILD EVER HAD:		IF NECESSARY, WHAT MEDICATIONS CAN YOUR CHILD RECEIVE?					
	YES	NO	YES	NO				
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Allergic reactions	<input type="checkbox"/>	<input type="checkbox"/>	Cough/Cold	<input type="checkbox"/>	<input type="checkbox"/>
Earaches	<input type="checkbox"/>	<input type="checkbox"/>	Asthma attacks	<input type="checkbox"/>	<input type="checkbox"/>	Antihistimine	<input type="checkbox"/>	<input type="checkbox"/>
Stomach aches	<input type="checkbox"/>	<input type="checkbox"/>				Antacid	<input type="checkbox"/>	<input type="checkbox"/>

PROVIDE DETAILS FOR ABOVE HEALTH CONCERNS _____

DOES YOUR CHILD REQUIRE MEDICATION AT CAMP? YES _____ NO _____

IF YES, PLEASE DESCRIBE THE REASON: _____

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

PLEASE LIST ANY ALLERGIES:

I hereby authorize 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 _____

medical info

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/Legal Guardian Signature _____

Please print name here _____

Witness Signature _____

Please print name here _____

Submit completed forms to:

Teen Time — 13013-156 Street, Edmonton, AB T5V 0A2 or info@teentime.ab.ca

Please complete the above registration form, including the medical information area and notification of risk. Use a separate form for each camper and camp. Enclose a cheque payable to Teen Time of Edmonton for the complete amount. A \$10.00 charge for NSF cheques will apply. GST# 10806-6697