



# REGISTRATION

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

general info

medical info

NAME OF CAMP \_\_\_\_\_ DATE OF CAMP \_\_\_\_\_

CAMPER'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_  
 POSTAL CODE \_\_\_\_\_ PHONE # \_\_\_\_\_  
 BIRTH DATE \_\_\_\_\_  MALE  FEMALE AGE AT CAMP TIME \_\_\_\_\_  
 PARENT/GUARDIAN NAME \_\_\_\_\_  
 EMERGENCY CELL PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

HAS THE CAMPER BEEN TO TEEN TIME BEFORE?  YES  NO  
 CHURCH AFFILIATION \_\_\_\_\_  
 SCHOOL \_\_\_\_\_  
 ROOM MATE DESIRED \_\_\_\_\_  
 WHERE DID YOU READ/HEAR ABOUT TEEN TIME? \_\_\_\_\_

IS TRANSPORTATION REQUIRED?  
 YES  NO  
 TAKE BUS AT  
 TEEN TIME OFFICE, EDMONTON  
 ST. ALBERT  WESTLOCK

CAMPER'S 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 \_\_\_\_\_

Please complete this registration form, including the medical information area and notification of risk. Use a separate form for each camper and camp. Include non-refundable 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

**Please submit this completed registration form with non-refundable payment to:  
 Teen Time - 12235-50 St. NW, Edmonton, AB T5W 3C7 or info@teentime.ab.ca**