



# Christian Youth Leadership Camp

## Registration Form for 2007

PLEASE USE BLOCK LETTERS

### Participant:

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Health Card No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Parish: \_\_\_\_\_ Youth group or Movement: \_\_\_\_\_

### Custodial Parents or Guardians:

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Phone: Home ( \_\_\_\_ ) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

If the above are unavailable in an emergency, please notify (name & telephone & address)

\_\_\_\_\_  
\_\_\_\_\_

### Allergies or Special Diet

The participant is expected to participate in variety of activities. Does the participant have any physical, cognitive, emotional or behavioral limitations/challenges that would require assistance and/or modifications to the program to enable her to participate fully?  Yes  No

If yes, please state particulars:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** Any medication (over-the-counter and/or prescribed) required by the child must be brought with them in original packaging with dosage instructions and clearly labeled with their name. Medications are given to the adult animator upon arrival at camp for storage. The adult camp animator will supervise the taking of medication by the child according to instructions provided. Participants must be willing to take their medication. They will not be given any medication that is not provided by parents/guardians.

Are there any medications that your child/ward should carry themselves (e.g. asthma pump, Epi-pen).

Yes  No If yes, please specify:

\_\_\_\_\_

### **Whom will you know at the Leadership Camp.?**

\_\_\_\_\_

I, (name of parent or legal guardian) \_\_\_\_\_, give authorization for my child,

\_\_\_\_\_ to attend the Christian Youth Leadership Camp taking place at

Tiberiade MJ (St. Jérôme) on (February 1 to 3, 2008 )

Date: \_\_\_\_\_ Signature of parent or Legal Guardian: \_\_\_\_\_