

# WIS. PROGRAM REGISTRATION

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Fall 2008: \_\_\_\_\_

**Parent 1:**  
Full Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

**Parent 2:**  
Full Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

**Emergency Contact:**  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

**Authorized Pick up Person(s):**  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

**Medical / Personal Info:**  
Personal Health #: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Can the following medications be administered, if necessary?  
 Tylenol (acetaminophen)  Advil/Motrin (ibuprofen)  Gravol (dimenhydrinate)  
 Benadryl (diphenhydramine)  Throat lozenges

**Required Medications**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any activities this camper cannot participate in? \_\_\_\_\_  
\_\_\_\_\_

Behavioural problems the camp should be aware of: \_\_\_\_\_  
\_\_\_\_\_

T-Shirt Size:  Youth-Large  Adult- Small  Adult-Medium  Adult-Large  Adult-XL  Adult -XXL

Two non-family reference i.e. Teacher, Pastor, Youth Leader

**Reference #1:**  
Full Names: \_\_\_\_\_ Relation: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Home Ph #: \_\_\_\_\_ Alternate Ph #: \_\_\_\_\_

**Reference #2:**  
Full Names: \_\_\_\_\_ Relation: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Home Ph #: \_\_\_\_\_ Alternate Ph #: \_\_\_\_\_

**CAMPS CHECK ONE:**

- Mentorship: First Year Session** (June 28-July 11, 2008) **\$295.00 +GST**
- Internship: Second Year Session** (July 19-Aug. 1, 2008) **\$295.00 +GST**

**SCHOLARSHIP TYPE:**  Church  Camp  Community \_\_\_\_\_  
**GST:** \_\_\_\_\_  
**TOTAL FEES DUE:** \_\_\_\_\_

**REGISTRATION FEE of \$100 must accompany application & is included in Camp Fee.**

**PAYMENT PROCESS:**

1. Pay only Registration Fee and then pay balance at camp
2. Pay entire Camp Fee (Including Registration Fee)

**Payment:**  **Registration Fee Only**  **Total Amount**  
 **Cheque**  **Visa**  **Mastercard Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Print name as it appears on card:** \_\_\_\_\_

**Conditions of Registration:**

- The Executive Director of River's Edge Camping Association reserves the right to dismiss any camper who is deemed to be a hazard to the safety and rights of others or has rejected the reasonable controls of the camp. I, being the legal parent or guardian of the applicant camper, certify that \_\_\_\_\_ is of a condition to hold to the procedures and policies of the camp. (M.I.A. Participant's Name)
- While every precaution is taken for the safety and the good health of all campers, River's Edge Camping Association, its directors, staff, and volunteers, or the employees of the facilities outside the camp grounds are hereby released from any and all liability in the event of an illness, accident or misfortune that may occur to any camper.
- The signature of the parent or guardian on this application hereby gives permission for River's Edge Camping Association and/or its designated party to transport the applicant camper to off-site programming activities or medical attention.
- I also acknowledge that my signature gives authority for the Executive Director to arrange necessary medical attention for my child. I understand that this includes, but is not limited to, injection, anesthesia and surgery. In the event of such an emergency, River's Edge Camping Association will attempt to contact the camper's parent or guardian as soon as possible. Every camper must be covered by Provincial Health Care or equivalent medical insurance. The responsibility for any expenses incurred from medical treatment is solely the responsibility of the parent or guardian.
- As the parent or guardian of the applicant camper, I give permission for River's Edge Camping Association to use pictures or videos of my child for future camp promotion and advertising.  Yes  No  
(If no, please include a recent photograph of your child for identification purposes so that our promotional staff can identify your child and so ensure they are not included in any of our future promotional material)
- I would like to receive further information from River's Edge Camp.  Yes  No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rivers Edge Camping Association**  
**Box 39 Cremona, AB T0M 0R0**  
**P: 403-637-.2766**  
**F: 403-637-.2765**  
**E: [info@riversedgecamp.org](mailto:info@riversedgecamp.org)**



**FOR OFFICE USE ONLY:**

**Date Received:** \_\_\_\_\_ **Amount Received:** \_\_\_\_\_  
**Balance** \_\_\_\_\_ **Chq #** \_\_\_\_\_ **Authorization #** \_\_\_\_\_