

# CAMP TULAHEAD 2018 ALUMNI & FRIENDS REGISTRATION FORM

## May 25-27, 2018

Family Patron Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

Attended before?  Yes  No

Heard about Tulahead from:  Friend/Family  Website  Church  Social Media  Other \_\_\_\_\_

General Health Issues: Please indicate if any of the following conditions apply to the camper.  Seizures  Diabetes  Homesickness  
 ADHD/ADD  Bedwetting  Asthma  Special Dietary Needs  Allergies  Emotional Concerns  Regular medication

All Family Member Full Names & Ages: \_\_\_\_\_

\_\_\_\_\_

Dietary Considerations (names & explanations): \_\_\_\_\_

\_\_\_\_\_

<b>Please check appropriate boxes</b>		
<b>FULL WEEKEND</b> <input type="checkbox"/>	<b>SATURDAY ONLY</b> <input type="checkbox"/>	(Lunch & Dinner only)
<b>PAYMENT OPTIONS:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
<b>FULL WEEKEND</b>	<b>SATURDAY ONLY</b>	Name on Card: _____
\$ _____ Adults (80.00)	\$ _____ Adults (25.00)	Credit Card #: _____
\$ _____ Children (60.00)	\$ _____ Children (20.00)	_____
\$ _____ Family of 5+ ppl (320.00)	\$ _____ Donation	Exp.: ____/____
\$ _____ Donation	\$ _____ Total	Signature: _____
\$ _____ Total		_____
<b>Office Use Only:</b>		
Confirmed on: _____	By: <input type="checkbox"/> email <input type="checkbox"/> phone	With: _____
_____		

**Waiver/Release Form**

**Agreement to Participate:**

During your stay at our facilities, the activities you may participate in include, but are not limited to, hiking, archery, canoeing, climbing wall, swimming and other outdoor physical activities. All of the activities you may participate in have inherent risks. Camp Tulahead cannot identify, nor is it possible to identify all possible risk factors. Camp Tulahead staff makes the safety and well-being of each camp a top priority. However, the possibility exists that injuries could occur.

**Expectations of the Participants:**

Participants are expected to listen carefully and to obey the rules given at the beginning of the camp weekend and at each activity session by the person(s) in charge. Parents/guardians are expected to educate their children regarding various risks at camp and take responsibility for the safety of the children under their care.

**Assumption of Responsibility:**

I/we the undersigned parent(s)/guardian(s)/individual assume the responsibility for injuries to myself and/or my spouse and/or all children under my care while at Camp Tulahead, and I/we will not bring an action for damages which might arise from these injuries. I/we agree that at all times we as parents are responsible for our own children. I/we the undersigned parent(s)/guardian(s)/individual, acknowledge that I/we have read the above paragraphs, have completed the registration form and medical information fully and truthfully. In the case of accident or illness, the participant must pay for any emergency transport and hospital/physician/medical expenses. I/we also give Camp Tulahead permission to use pictures/videos that may be taken during the camp weekend for promotional purposes.

Parent(s)/Guardian(s)/Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_