

CAMP TULAHEAD 2018 ALUMNI & FRIENDS REGISTRATION FORM

MAY 25-27, 2017

Family Patron Name: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____ Phone #: (____) _____

Email: _____

Attended before? Yes No

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:

Special Dietary needs (names & explanations): _____

Please check appropriate boxes

FULL WEEKEND SATURDAY ONLY (Lunch & Dinner only)

PAYMENT OPTIONS: Cheque Visa MasterCard

FULL WEEKEND

\$ _____ 13+ (80.00)

\$ _____ 6-12 (60.00)

\$ _____ Sub Total

\$ _____ GST

\$ _____ Total

SATURDAY ONLY

\$ _____ 13+ (35.00)

\$ _____ 6-12 (30.00)

\$ _____ Sub Total

\$ _____ GST

\$ _____ Total

Name on Card: _____

Credit Card #: _____

Expiry:

_____/____

Office Use Only:

Confirmed on: _____

By: email 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. ____ Yes ____ No

Parent(s)/Guardian(s)/Individual Signature: _____ Date: _____