

MEDICAL INFORMATION FOR: _____

Family Name

1. Does any of your family members have any special physical, emotional, behavioural, learning or social needs we should be aware of?

Yes No If yes, please explain (use a separate piece of paper if required): _____

2. Any allergies? Yes No If yes, please specify the allergy, usual reaction and any medication he/she will bring to camp: _____

3. Any special diets? Yes No If yes, please explain: _____

4. Is there any medication that your child usually takes during the year that he/she will not be taking during summer camp? Yes No If yes, please specify: _____

6. How much horseback riding experience does your family have? _____

7. Is there anything else you think we should know about your family? _____

Feel free to attach a separate sheet of paper to detail any of the questions if there isn't sufficient space provided.

WAIVER, MEDICAL RELEASE AND CONDITION OF ENROLLMENT:

1. I, the parent/guardian of the above-named camper, release Inter-Varsity Christian Fellowship of Canada and Pioneer Camp, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above-named camper. Each camper must be covered by Alberta Health Care, equivalent medical insurance or willing to pay incurred medical expenses.
2. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to camp, including a photocopy of the section of any court order referring to visitation rights. Campers will be released only to those who are listed as the parent/guardian on their application form unless a written notice is received from the parent/guardian stating otherwise.
3. The signature of the parent/guardian on this application shall give the Camp Director the right to arrange for any special services or other requirements necessary for the best interest of the camper and shall give the Camp Director the right to approve and obtain medical attention necessary for the camper's welfare and good health including ordering injection, anesthesia or surgery. In such situation the camp will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.
4. Alcohol and illicit drugs are prohibited at camp. No camper will be allowed to have cigarettes in his/her possession at camp. Pioneer reserves the right to send any camper home if they do not comply with camp regulations.
5. The parent agrees to include their child's contact information on the camp directory which enables the campers to stay in touch with each other throughout the year and also permits reasonable use of photos/videos of the applicant in the promoting of camp and camp programs. If the parent declines permission to publish contact information in the directory, they may submit a "Publication Refusal Document" before June 15th, 2010 which is accessible from our website or by contacting our office.

I have read and hereby agree with the above waivers, policies and conditions.

Parent's/Guardian's Signature: _____ Date: _____