

MEDICAL INFORMATION

CAMPER WILL NOT BE REGISTERED UNLESS THIS MEDICAL INFORMATION SECTION IS COMPLETE.

If additional information is required for any of the following questions, please attach an additional sheet.

Health Card # (including the two letters that follow): _____

Family Doctor Name: _____ Phone Number: _____

Does the camper have any physical, emotional, mental, social challenges/behaviours? Yes No

If Yes, please explain: _____

Is the camper on any medication? Yes No

If Yes, please explain: _____

Note: All medication must be in its original container or original packaging and must be turned in to camp personnel on registration day.

Does the camper have any allergies? Yes No

If Yes, please explain: _____

Food Allergy Policy: Our desire is to create a safe environment for campers. We will make reasonable efforts to ensure that campers do not have a food allergy attack while at Camp Omagh. We are not a peanut-free location. Our goal is to help campers self-manage their condition.

List recent injuries, illnesses or surgeries: _____

Does the camper wear a medic alert bracelet or necklace? Yes No

If so, for what condition? _____

Do you immunize your child? Yes No **If Yes, are the immunizations up-to-date?** Yes No

Please specify other conditions (i.e. bedwetting, etc.) and any instructions for comforting your child when the need occurs.

I certify that, to the best of my knowledge, this camper is physically able to attend camp and participate in camp activities except as listed above. I will notify the camp if the camper is exposed to an infectious disease during the three weeks prior to arriving at camp. I hereby grant permission to seek medical attention and appropriate treatment recommended by medical personnel as required in emergencies prior to my notification.

Print Name of Parent/Guardian
(or camper if they are 18 or older)

Signature of Parent/Guardian
(or camper if they are 18 or older)

CONDITIONS OF ENROLLMENT

1. The Camp Manager/Program Director reserves the right to dismiss a camper who in his opinion is a hazard to the safety and rights of others, or who appears to him to have rejected the reasonable controls of Camp Omagh.
2. The parent(s) or guardian(s) submitting this application are those having legal custody over the child/camper. The signature on the registration form signifies that all parents/guardians are in agreement with the conditions of enrollment.
3. While every precaution is taken for the safety and good health of our campers, Camp Omagh, including the Board of Directors and all staff, are hereby released from any and all liability in the event of an illness, accident, misfortune or death that may occur to the camper. Each camper must be covered by Provincial Health Insurance or appropriate medical insurance.
4. Camp Omagh requires that campers, who have potentially life-threatening conditions such as peanut allergies, be able to manage their exposure to those substances, provide two sets of medication and be familiar with its use.
5. In case of withdrawal during the camp session on the physician's order, the fee for the unexpired term will be refunded. No refund will be made for dismissals due to disciplinary action, late arrivals, or early departures.
6. I will send a signed notification to the camp if another individual other than myself will be picking up my child at departure.
7. I give permission for Camp Omagh to use any image or likeness of my child/camper for promotional material and/or records.
8. The \$30 registration fee is non-refundable.
9. All programs require a minimum number of participants before they will run.

SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have read, understood and accepted the conditions of enrollment as stated above. I understand that this camper will not be registered until all portions of this application form have been completed. I have filled out this form completely and without error to the best of my knowledge.

Print Name of Parent/Guardian
(or camper if they are 18 or older)

Signature of Parent/Guardian
(or camper if they are 18 or older)

Please refer to the appropriate brochure for the program this camper is registering for which may contain additional information. If you need additional registration forms or brochures, they are available on the camp website – **www.campomagh.org**

**Please mail this form along with your payment to:
Camp Omagh, c/o Dianne Gardner 539 East 25th Street Hamilton, ON L8V-4W7 [Phone: (905) 388-9174.]**