



COMPLETE ALL PAGES OF THE APPLICATION FROM – PLEASE PRINT CLEARLY

(Visit us at [www.campnutimik.com](http://www.campnutimik.com) for online registration.)

# SUMMER 2022 REGISTRATION \*ONE REGISTRATION FORM PER CAMPER

Have you attended Camp Nutimik before?  Yes  No  Male  Female

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_ Grade completed \_\_\_\_\_ as of June 30, 2022

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian (with whom the child lives): \_\_\_\_\_

Parent/Guardian Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Valid E-mail Address: \_\_\_\_\_

**Office Use Only:**  
 Date Received: \_\_\_\_\_  
 Confirmation Sent: \_\_\_\_\_  
 Balance Paid: \_\_\_\_\_  
 Balance Owning: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### MAIL COMPLETED FORMS TO:

Camp Nutimik Registrations  
Box 35040 RPO Henderson  
Winnipeg, MB R2K 4J9  
Phone (204) 348-2551  
registrar@campnutimik.com

## CAMP SELECTION

NOTE: All prices include GST

\* Bus transportation available

### Classic Camps:

- Junior Mini\* (ages 7-9) \$235
- Junior Mini Day Camp (ages 7-9) \$155
- Junior 1\* (ages 9-11) \$380
- Junior 2\* (ages 9-11) \$380
- Junior Day Camp (ages 9-11) \$155
- Middle Years\* (ages 7-9) \$390
- Intermediate\* (ages 12-14) \$395
- High School\* (ages 14-17) \$405

### Outdoor Adventure Camps:

- Tent Adventures 1\* (ages 11-13) \$365
- Tent Adventures 2\* (ages 9-11) \$365
- Waterski Camp\* (ages 14-17) \$465

### Leadership Steps:

- Step up\* (ages 14-16) \$415
- Step In\* (ages 15-16) \$495
- Step Out (ages 16-17) \$520

Steps T-shirt included for each program.

Check off your size.  S  M  L  XL

### Family Adventures:

Use the Family Adventures Registration form to register for Family Camps.

## DISCOUNTS

### Early Bird Discount – Deduct \$20

Application with FULL PAYMENT received on or BEFORE April 17, 2022.

### Family Discount – Deduct \$20

For SECOND and SEBSEQUENT SIBLINGS from the SAME HOUSEHOLD only. Forms must be mailed together.

All registrations must have a Valid e-mail address. All confirmations will be sent by e-mail only!

Are camper fees being paid by a Church, Corporate Sponsor or Agency?

Yes  No *If yes, list the Agency/Sponsor information:*

Agency Name (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

As an accredited camp with the Manitoba Camping Association (MCA), campers in need of financial assistance are eligible for funding from the MCA Sunshine Fund. More funding information can be found at: [www.mbcamping.ca/sunshine-fund](http://www.mbcamping.ca/sunshine-fund)

Have you submitted a Sunshine Fund application?  Yes  No

### Indicate the result of your application:

Approved  Not Approved  Result Unknown

### Cabin Mate Request:

(List up to 2 other campers you would like to bunk with during your week of camp.)

1) \_\_\_\_\_ 2) \_\_\_\_\_

Camper's swimming ability? (Level completed if applicable) \_\_\_\_\_

Indicate the name and phone number of the individual who will be picking the camper up from Camp or from the Transportation Drop-Off location.

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

### Which characteristics describe your child?

- |                                      |  |                                     |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Active      | <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Confident  |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Creative      | <input type="checkbox"/> Distracted |
| <input type="checkbox"/> Easygoing   | <input type="checkbox"/> Emotional     | <input type="checkbox"/> Fearful    |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Insecure      | <input type="checkbox"/> Lethargic  |
| <input type="checkbox"/> Outgoing    | <input type="checkbox"/> Quiet         | <input type="checkbox"/> Sensitive  |
| <input type="checkbox"/> Shy         | <input type="checkbox"/> Strong Willed | <input type="checkbox"/> Withdrawn  |

Will your child require assistance while at camp?  Yes  No

### Does your child have any physical or behavioural needs?

Physical  Behavioural

(REGISTRATION CONTINUED)

Describe any needs, diagnosis (ie. ADHD, PTSD, etc.), or information to help us know what needs to be in place to accommodate these needs:

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Attach additional notes on a separate sheet if more space is needed.

**Does your child take any medication for behavioural correction?**

Yes  No

We will contact you after our initial review of your registration to determine whether we are able to provide the type of assistance your child needs.

**Does your child have any dietary needs that we should be aware of?**  Yes  No

\*Please indicate dietary needs, food allergies or considerations on the health form.

\*\*There are no additional fees for camper dietary needs accommodations.

**Does your child have any fears we should be aware of?**  Yes  No

If yes, please elaborate:

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**CAMP FEES & PAYMENT INFORMATION:** (All prices include GST)

**Selected Camp Fees**

(Calculate the total camp fees for Camps selected on page #1 and enter full amount.)

\$ \_\_\_\_\_

**Early Bird Discount**

(Deduct \$20 if you are paying in full prior to April 17, 2022.)

\$ \_\_\_\_\_

**Family Discount**

(Deduct \$20 - second and subsequent child from the same household. Submit ALL registrations together.)

\$ \_\_\_\_\_

**Theme T-shirt**

(T-shirts are offered at a discounted rate of \$20 at time of registration. We do not guarantee availability during the summer program. ) Select your size if ordering:

YOUTH S M L ADULT S M L XL

\$ \_\_\_\_\_

**Transportation**

Transportation **TO** Camp Nutimik from:  Winnipeg (\$35)  Beausejour (\$25)

\$ \_\_\_\_\_

Transportation **FROM** Camp Nutimik from:  Winnipeg (\$35)  Beausejour (\$25)

\$ \_\_\_\_\_

**Donation**

I would like to make a donation to the Camp Nutimik Foundation in support of Camp Nutimik.

\$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**PAYMENT**

Check off payment method:

Mastercard Visa

Cheque (Included)

PayPal or E-transfer

Sponsorship/Agency Funding

Sunshine Fund

Credit Card #: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ CVC: \_\_\_\_\_

I hereby authorize all charges on my credit card: \_\_\_\_\_

Signature

**Payment by Cheque:** Make cheque payable to **Camp Nutimik**

**PayPal or E-transfer:**

E-transfers are to be sent to: **bookkeeper@campnutimik.com**

Please include the following info in the memo portion:

Camp Dates & Camper Name

\*Follow-up payment with email to bookkeeper with name of sender & name of camper(s).

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# YOUTH INFORMED CONSENT & ACKNOWLEDGEMENT OF RISK

(TO BE COMPLETED FOR ALL PARTICIPANTS UNDER THE AGE OF 18)

\_\_\_\_\_  
Camper First & Last Name

\_\_\_\_\_  
Parent/Guardian First & Last Name

**This is a binding legal agreement, therefore, please clarify any questions or concerns before signing.** The intent of this form is to inform you of the activities and expectations of our programs so that the choice to participate in any Camp Nutimik program is made freely and with understanding of the associated benefits, risks, and responsibilities.

**NOTE: This is not a waiver and signing this form DOES NOT waive your child’s legal rights.**

As a participant in camps, events, programs, and activities organized, operated, or conducted by Lake Nutimik Baptist Camp Inc. o/a Camp Nutimik, (collectively the “Events”), the undersigned, being the Participant and the Parent/Legal Guardian of the Participant (collectively the “Parties”), acknowledge and agree to the following terms:

## 1. Registration and Enrollment

Registrations are processed with a non-refundable \$75.00 deposit. (Post-dated cheques are not accepted for deposits). Fees must be paid in full by June 1st of the current year to ensure camper spot. Late registration will be accepted throughout the summer as space is available and full payment is sent with the registration. A NSF cheque will cancel the registration and a \$30.00 charge will be applied to reinstate the registration. **Written cancellations** received three (3) weeks prior to a camp session will receive a full refund less the \$75.00 registration fee. Transportation cancellations or changes must be received in writing ten (10) days prior to the first day of the registered camping session. Failure to do so may result in forfeiture of transportation fee. **Fees are not adjusted for late arrivals, early departures, or dismissal due to disciplinary action.**

The Participant must be covered by Provincial Health or equivalent and a completed and detailed Medical Form must be completed in order for registration to be complete. All physical, dietary (including gluten free, celiac, dairy free, pork free, vegetarian and the like) and behavioral needs of the Participant must be disclosed in writing in order for the registration to be processed. Failure to disclose needs may result in the dismissal of the Participant.

Camp Nutimik reserves the right to not accept any participant who upon registration is found to be infected with lice or nits without compensation. Upon medical evidence that lice treatment has been completed, the participant may be accepted to the program.

Additional forms and steps for the approval of Participants with behavioral and physical special needs must be submitted with the registration. Acceptance of the Participant will be based on what Camp Nutimik can safely accommodate. If the Participant has behavioral and/or special needs where it is deemed necessary for the Participant to have an aide, the registration fee for a companion will be the responsibility of the parent, legal guardian or agency. Where Camp Nutimik is able to provide the necessary aide, an additional fee will be assessed based on the Participant’s need.

Camp Nutimik is a nut free environment. Off-site (Adventure) camps **are not** guaranteed to be nut free.

**We understand and agree**

*(Please initial as indicated)*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Participant

## 2. Benefits & Risks

The activities offered at Camp Nutimik are designed to pose appropriate challenges for participants. The enjoyment and educational benefit derived from outdoor activities is, in part, a result of the risks inherent in these activities. The benefits of participation include developing self-confidence, leadership, teamwork and interpersonal skills, exposure to outdoor recreational activities and nature education. While Camp Nutimik strives to manage and mitigate risk, it is neither possible nor desirable to eliminate all risk.

The Participant is participating voluntarily with the Organization and/or in the Events. In consideration of the Participant’s participation with the Organization and/or in the Events, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and that the Participant may be exposed to such risks, dangers and hazards. **The risks, dangers and hazards include but are not limited to injuries from participating in or with the following activities or equipment:**

- white water and flat-water canoeing and kayaking, hiking, nature study, snow shoeing, cross-country skiing, swimming, motor boating, backcountry camping, winter camping, use of camp stoves and campfires, rental of canoes, kayaks and other equipment, instructional courses, transportation, food & beverages, water supply, rescue and first aid services and accommodation.

The risks, dangers and hazards also include but are not limited to:

- accidents which occur during transportation or travel to and from activity locations; slips and falls; overturning of boats; all water hazards; cold water immersion; hypothermia; creek or river crossings; rock fall; inclement weather conditions including storms, high winds, high waves and lightning, equipment failure, encounters with domestic and wild animals; collision with other persons, animals, equipment, vehicles or objects; becoming lost, negligence of other persons including other guests, and negligence on the part of Camp Nutimik, including the failure by Camp Nutimik to safeguard or protect the participant from the risks and hazards of the activities.

Furthermore, the Parties are aware:

- that the Participant’s risk of injury is reduced if he or she follows all rules established for participation and,
- that the Participant’s risk of injury increases as he or she becomes fatigued.
- Communication with emergency services may be difficult and in the event of an accident or illness, rescue, medical treatment beyond immediate first aid, dental treatment and evacuation may not be available or may be delayed.

- That the COVID-19 virus pandemic remains an on-going threat. There still is a risk of exposure to the virus while my child attends the camp, in spite of the precautions that have been taken by Camp Nutimik in following directions outlined by local health authorities to try to limit exposure to the COVID-19 virus or to other communicable diseases. I further understand if my child has a pre-existing condition, it may make them more vulnerable to the virus

The Parties agree that the Executive Director of Camp Nutimik or his designate reserves the right to dismiss the Participant if he or she is a hazard to the rights and safety of other campers, or has rejected the reasonable controls of Camp Nutimik and/or violated the Camp's prohibition including without limitation: possession of/or use of tobacco products, non-prescription drugs, alcohol and cannabis products.

**We understand and agree**

*(Please initial as indicated)*

\_\_\_\_\_   
 Parent/Guardian

\_\_\_\_\_   
 Participant

### 3. Additional Programming Acknowledgement

- The undersigned agrees to allow photographs or video of camp activities which may include the Participant to be used in camp promotional material including without limitation; brochures, CDs, DVDs, the camp website, camp newsletters and public presentation in any and all forms. Camp Nutimik respects the privacy of Participants and will not identify individuals if using photographs or videos.
- The undersigned understands that Camp Nutimik may provide the Participant's name, address and phone numbers to those churches which are affiliated with Camp Nutimik for the purpose of camper follow-up as permitted by the Parent/Guardian.

**We agree to the above**

**We disagree to the above**

*(Please initial as indicated)*

\_\_\_\_\_   
 Parent/Guardian

\_\_\_\_\_   
 Participant

### 4. Permission to contact Campers

It is a privilege for us to have your camper spend a week with us here at Camp Nutimik. During this week of camp, we look forward to many great friendships being formed! We have an amazing summer staff team and they love to stay connected with their campers throughout the year to hear how they are doing and answer any questions that they may have about the topics discussed during your child's time at camp. We also have a number of opportunities during the year for campers to reconnect through events.

As part of our child/youth protection policy, we are committed to honoring you as a parent/guardian and ask your permission before any contact occurs between campers and our summer staff whether through phone calls, social media (Facebook Twitter, Instagram, etc.) or any other means.

Our summer staff would count it a privilege and an honor to be able to continue to stay involved in your camper's life after the summer.

Please indicate whether or not you give your permission for our summer staff to stay in contact with your camper.

If you wish to discuss this further, please contact our Executive Director by phone or e-mail (please see camp website – [www.campnutimik.com](http://www.campnutimik.com) for contact information.) If you wish to withdraw your permission at any time, please contact the Executive Director immediately.

**We agree to the above**

**We disagree to the above**

*(Please initial as indicated)*

\_\_\_\_\_   
 Parent/Guardian

\_\_\_\_\_   
 Participant

### 5. Disclaimer

Lake Nutimik Baptist Camp Inc. o/a Camp Nutimik and its directors, officers, committee members, employees, volunteers, participants, agents, insurers, representatives (collectively the "Organization") are not responsible for any injury, personal injury including death, damage, property damage, expense, loss of income, or loss of any kind suffered by the Participant during, or as a result of participating with the Organization and/or in any Events, caused by the risks, dangers and hazards associated with the Organization and/or the Events.

### 6. Release of Liability & Acknowledgement

In consideration of the Organization allowing the Participant to participate, the Parties agree

- To freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury including death, property damage, expense and related loss, including loss of income resulting from participating with the Organization and/or in the Events; and
- To forever release the Organization from any and all liability for any and all claims, demands, losses, damages, actions and cost that might arise out of the Participant's participating with the Organization and/or in the Events, or from the physical risks associated with same.

**The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, executors, administrators, representatives, successors, and assigns.**

\_\_\_\_\_  
Print GUARDIAN Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print CAMPER Full Name (13-17 only)

\_\_\_\_\_  
Signature

Date of Signing: \_\_\_\_\_



# SUMMER 2022 – CAMPER HEALTH REPORT

(THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED WITH YOUR REGISTRATION)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent(s)/Guardian(s) (with whom the child lives): \_\_\_\_\_

Parent/Guardian Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Personal Medical # (9 Digit): \_\_\_\_\_ Registration # (6 Digit): \_\_\_\_\_

Other Medical Insurance Provider: \_\_\_\_\_  
*Insurance Company Name, Group Number, Name of Policy Holder*

Camper's Doctor: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Camper's Dentist: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

## EMERGENCY CONTACT (Provide the name of two emergency contacts – do not use parent or guardian information.)

Name	Relationship	Home Phone #	Alternative Phone #

## HEALTH INFORMATION & DETAILS

**Does your child have any allergies?**  Yes  No  
 If yes, please give more details, description of reaction, etc. \_\_\_\_\_

**Does your child require an EpiPen?**  Yes  No  
 If yes, please provide details about your child's anaphylaxis, description of reaction, etc. \_\_\_\_\_

*If your child requires an EpiPen, please provide two non-expired EpiPens; one for your child to carry with them and one to leave in the cabin.*

**Does your child have any dietary restrictions?**  Yes  No  
 If yes, please explain: \_\_\_\_\_

**Will your child be taking any medications while at camp?**  Yes  No

*The camp Health Officer will administer ALL medications. All prescribed medication must be in the ORIGINAL PRESCRIPTION BOTTLE. If medication is not in the original bottle, or the label is not legible IT WILL NOT BE ADMINISTERED.*

Please provide the following information for all medications to be administered during the camp session:

Name of Medication	Dosage	Frequency & When Taken	Reason for medication and additional notes.

If your child should become ill or injured while at camp, the Health Officer may deem it necessary to administer over-the-counter medication. **May the following over-the-counter medications be given to your child while at camp?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)                    | <input type="checkbox"/> Decongestants                           | <input type="checkbox"/> Lozenges                   |
| <input type="checkbox"/> Antacids                                   | <input type="checkbox"/> Dimetapp                                | <input type="checkbox"/> Pepto-Bismol               |
| <input type="checkbox"/> Antibiotic Cream                           | <input type="checkbox"/> Ear Drops (Polysporin)                  | <input type="checkbox"/> Robitussin                 |
| <input type="checkbox"/> Antihistamines (Benadryl, Diphenhydramine) | <input type="checkbox"/> Epi-Pen (for severe allergic reactions) | <input type="checkbox"/> Robitussin DM              |
| <input type="checkbox"/> ASA (Aspirin)                              | <input type="checkbox"/> Eye Drops (Visine, Polysporin)          | <input type="checkbox"/> Sting Swabs                |
| <input type="checkbox"/> Calamine Lotion                            | <input type="checkbox"/> Gravol                                  | <input type="checkbox"/> Sudafed                    |
| <input type="checkbox"/> Cortaid                                    | <input type="checkbox"/> Ibuprofen (Advil)                       | <input type="checkbox"/> Sunburn Spray (Solarcaine) |
|   | <input type="checkbox"/> Insect Repellent                        | <input type="checkbox"/> Sunscreen                  |

**Will your child require any treatment(s) while at camp?**  Yes  No

If yes, please explain what treatments must be given to your child including the frequency: \_\_\_\_\_

**Does your child regularly take any medications that will not be taken at camp?**  Yes  No

If yes, please explain: \_\_\_\_\_

**Are your child's immunizations up to date?**  Yes  No

Date of immunizations: \_\_\_\_\_

If your child is not fully immunized, please explain: \_\_\_\_\_

**Has your child experienced, or is currently experiencing any of the following conditions?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Add/ADHD                        | <input type="checkbox"/> Eating Disorder            | <input type="checkbox"/> Neck Pain or Injury            |
| <input type="checkbox"/> Asthma/Inhaler                  | <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Nightmares/Terrors             |
| <input type="checkbox"/> Back Pain or Injury             | <input type="checkbox"/> Excessive Weight gain/loss | <input type="checkbox"/> Pneumonia                      |
| <input type="checkbox"/> Bedwetting                      | <input type="checkbox"/> Fetal Alcohol Syndrome     | <input type="checkbox"/> Problems Breathing or Coughing |
| <input type="checkbox"/> Behavioural Issues              | <input type="checkbox"/> Frequent Colds             | <input type="checkbox"/> Respiratory Ailments           |
| <input type="checkbox"/> Blackouts/Fainting              | <input type="checkbox"/> Hay Fever                  | <input type="checkbox"/> Rheumatic Fever                |
| <input type="checkbox"/> Bleeding Disorder               | <input type="checkbox"/> Headaches                  | <input type="checkbox"/> Seizures                       |
| <input type="checkbox"/> Chest Pain                      | <input type="checkbox"/> Hearing Problems           | <input type="checkbox"/> Sinus Infections               |
| <input type="checkbox"/> Crohn's                         | <input type="checkbox"/> Heart Disease              | <input type="checkbox"/> Skin Problems                  |
| <input type="checkbox"/> Colitis                         | <input type="checkbox"/> Hernia                     | <input type="checkbox"/> Sleepwalking                   |
| <input type="checkbox"/> Concussion                      | <input type="checkbox"/> High Blood Pressure        | <input type="checkbox"/> Sore Throats                   |
| <input type="checkbox"/> Constipation/Diarrhea           | <input type="checkbox"/> Homesickness               | <input type="checkbox"/> Speech Problems                |
| <input type="checkbox"/> Convulsions                     | <input type="checkbox"/> Irritable Bowel Syndrome   | <input type="checkbox"/> Stomach Aches                  |
| <input type="checkbox"/> Dental Braces, Caps, or Bridges | <input type="checkbox"/> Kidney Disease             | <input type="checkbox"/> Tonsillitis                    |
| <input type="checkbox"/> Depression                      | <input type="checkbox"/> Lice                       | <input type="checkbox"/> Ulcer                          |
| <input type="checkbox"/> Developmental Delays            | <input type="checkbox"/> Menstrual Difficulties     | <input type="checkbox"/> Urinary Tract Infection        |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Mental Health Issues       | <input type="checkbox"/> Uses eye glasses or contacts   |
| <input type="checkbox"/> Down Syndrome                   | <input type="checkbox"/> Motion Sickness            | <input type="checkbox"/> Visual Problems                |
| <input type="checkbox"/> Ear Infections                  | <input type="checkbox"/> Mouth Injuries             | <input type="checkbox"/> Other                          |

Fully explain any conditions your child is currently experiencing: \_\_\_\_\_

**Has your child had or currently has any of the following diseases?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chicken Pox (Variella) | <input type="checkbox"/> Measles (German)   | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Hepatitis A            | <input type="checkbox"/> Measles (Red)      | <input type="checkbox"/> Scarlet Fever   |
| <input type="checkbox"/> Hepatitis B            | <input type="checkbox"/> Mono (past 1 year) | <input type="checkbox"/> Whooping Cough  |
| <input type="checkbox"/> Hepatitis C            | <input type="checkbox"/> Mumps              |  |

Fully explain any conditions your child is currently experiencing: \_\_\_\_\_

**Has your child had any operations?**     Yes    No

Please explain the operations including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your child been exposed to any communicable diseases within the last 3 months?**     Yes    No

If yes, give additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any restrictions on activities?**     Yes    No

If yes, give additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is there anything you would like to discuss with the camp Health Officer?**    Yes    No

If yes, give additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL WAIVER

In case of medical emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and/or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident or emergency, or any other circumstances requiring medical treatment, such treatment may be procured for my child without legal or financial obligation to Lake Nutimik Baptist Camp Inc. o/a Camp Nutimik. All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.

- I give my approval for the camp to administer over the counter medications as indicated if necessary.
- I agree that the Executive Director or his designate has the right to not accept or dismiss my child if they are infected with lice or nits at the time of registration without prejudice.

I have read and understood the terms of this agreement and by ALLOWING MY CHILD to participate in the event, I am voluntarily agreeing to these terms. I confirm that my child is physically and mentally able to participate in all activities of the camp unless specifically indicate otherwise in writing.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*