



COMPLETE ALL PAGES OF THE APPLICATION FORM – PLEASE PRINT CLEARLY

Visit us at www.campnutimik.com for quick and easy online registration

SUMMER 2019 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, 2019 \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Parent/Guardian Name (with whom the child lives): \_\_\_\_\_
Parent/Guardian Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_
Agency Contact Name (if applicable): \_\_\_\_\_
Agency Contact Number: (\_\_\_\_) \_\_\_\_\_
Valid E-mail address: \_\_\_\_\_

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

MAIL COMPLETED FORMS TO:

Camp Nutimik Registrations
Box 35040 RPO Henderson
Winnipeg, MB R2K 4J9
Phone: (204) 348-3660
Fax: (204) 348-3461
registrar@campnutimik.com

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

CAMP SELECTION (All prices include GST)

\*Bus transportation available

CLASSIC CAMPS:

- [ ] Junior Mini\* (ages 7-9) \$215 August 6-9
[ ] Junior Mini Day Camp (ages 7-9) \$125 August 6-9
[ ] Junior 1\* (ages 9-11) \$360 July 7-12
[ ] Junior 2\* (ages 9-11) \$360 August 11-16
[ ] Junior 2 Day Camp (ages 9-11) \$220 August 11-16
[ ] Middle Years\* (ages 11-13) \$375 July 14-19
[ ] Intermediate\* (ages 12-14) \$380 July 21-26
[ ] High School\* (ages 14-17) \$380 July 28-August 2

OUTDOOR CANOE ADVENTURES:

- [ ] Outpost Seagrim\* (ages 12-14) \$275 August 6-9
[ ] Outpost Malloy\* (ages 13-15) \$310 July 14-18
[ ] Explorer Whiteshell\* (ages 14-17) \$375 July 21-26

OUTDOOR WATER ADVENTURES:

- [ ] Waterski/Wakeboard\* (ages 14-17) \$470 August 18-23

LEADERSHIP CAMPS:

- [ ] Step Up\* (ages 14-16) \$405 August 11-16
[ ] Step In\* (ages 15-16) \$475 July 7-19
[ ] Step Out\* (ages 16-17) \$500 June 23-July 12 (Transportation only available for week 3)

All Leadership Camps include "Step" Specific T-shirt. Select size: [ ] S [ ] M [ ] L [ ] XL

Name of the Individual who will be picking up your child from camp: \_\_\_\_\_

Cabin Mate Request (2 names max:)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Special Needs (dietary, behavioral, allergy, physical, etc.)

\_\_\_\_\_

\*if special needs are not disclosed your registration will be voided.

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

CAMP FEES

Selected Camp Fee(s) \$ \_\_\_\_\_

Early Bird Discount (deduct \$20)

Application with FULL PAYMENT received on or BEFORE March 31, 2019. \$ \_\_\_\_\_

Family Discount (deduct \$20)

For SECOND and SUBSEQUENT SIBLINGS FROM SAME HOUSEHOLD ONLY. Forms must be mailed together \$ \_\_\_\_\_

Theme T-shirt (\$15 each) \*Theme T-shirts are NOT available for purchase at camp

T-shirt size: (sizes not guaranteed after June 1st)

YOUTH [ ] S [ ] M [ ] L ADULT [ ] S [ ] M [ ] L [ ] XL \$ \_\_\_\_\_

Dietary Needs Option (\$50) \*Celiac not available for Adventure Camps

[ ] Gluten Free [ ] Celiac\* [ ] Dairy Free [ ] Pork Free [ ] Vegetarian \$ \_\_\_\_\_

Transportation: Available as listed under camp selection

Trip TO Camp Nutimik from [ ] Winnipeg (\$40) [ ] Beausejour (\$30) \$ \_\_\_\_\_

Trip FROM Camp Nutimik to [ ] Winnipeg (\$40) [ ] Beausejour (\$30) \$ \_\_\_\_\_

I would like to make a donation to Camp Nutimik \$ \_\_\_\_\_

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

PAYMENT INFORMATION:

Payment made by:

[ ] Cheque (payable to Camp Nutimik) [ ] Mastercard [ ] Visa [ ] PayPal (online)

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

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

Signature

[ ] I require financial assistance



# Camp Nutimik – Youth Consent Form

## INFORMED CONSENT AND ACKNOWLEDGEMENT OF RISK

To be completed for participants under the age of 18

This is a binding legal agreement; therefore, **clarify any questions or concerns before signing**. 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/Guardian of the Participant (collectively the "Parties") acknowledge and agree to the following terms:

### Registration & Enrolment

1. Registrations are processed with a non-refundable \$75 deposit. (Post-dated cheques are not accepted for deposits.) Fees must be paid in full by June 1st or current year to ensure your spot. Late registrations will be accepted throughout the summer if space is available and full payment is sent with the application. An NSF cheque will cancel your registration and a \$30 charge will be applied to reinstate the application. Written cancellations received three (3) weeks prior to a camp session will receive a refund less the \$75 deposit fee. Transportation cancellations or changes must be received in writing 10 days prior to the first day of the registered camping session. Fees are not adjusted for late arrivals, early departures or dismissal due to disciplinary action.
2. The undersigned agrees that the Executive Director of Camp Nutimik or his designates reserves the right to dismiss my child if he or she is a hazard to the rights and safety of other campers, or has rejected the reasonable controls of the camp. Possession of and/or use of tobacco products, non-prescription drugs and alcohol are strictly prohibited.
3. The participant must be covered by Provincial Health or equivalent and must have a completed and detailed Medical form, signed Youth Consent form and all physical, dietary (including gluten free, celiac, dairy free, pork free, vegetarian and the like) and behavioural needs of the participant must be disclosed in writing for their registration to be processed. Failure to do so will result in a voided registration.
4. There are additional forms and steps for approval of children with behavioral and physical special needs and will be accepted based on what Camp Nutimik can safely accommodate. If the participant has behavioral and/or physical special needs and it is deemed necessary for someone to accompany a child to camp, the registration fee for the companion will be the responsibility of the parent, guardian or agency.
5. Camp Nutimik is a nut-free environment. Off-site (Adventure) camps are not guaranteed nut free.
6. The undersigned understands that Camp Nutimik may provide the participant's name, address and phone number to churches affiliated with Camp Nutimik for the purpose of camper follow-up.
7. The undersigned agrees to allow photographs or video of camp activities, which may include my child, to be used in camp promotional material including without limitation: brochures, CDs, DVDs, the camp website and newsletters.

### Disclaimer

6. Lake Nutimik Baptist Camp Inc. o/a Camp Nutimik and its directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income, or loss of any kind suffered by a 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.

### Description of Risks

7. The Participant is participating voluntarily with the Organization and/or in the Events. In consideration of the Participant's participation in with the Organization and/or in the Events, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and 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; low ropes courses; rock climbing; hiking; nature study; snow shoeing; cross country skiing; caving; swimming; motor boating; sailing; backcountry camping; winter camping; use of camp stoves and campfires; rental of canoes, kayaks, sailboats, motor boats and other equipment; instructional courses; transportation; food & beverage; water supply; rescue and first aid services; and accommodation.
8. 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; creek or river crossings; rock fall; hypothermia; inclement weather conditions including storms, high wind, 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 me from the risks and hazards of the activities.
9. Furthermore, the Parties are aware:
  - a) That the Participant's risk of injury is reduced if he or she follows all rules established for participation; and
  - b) That the Participant's risk of injury increases as he or she becomes fatigued.
  - c) Communication with emergency services may be difficult and in the event of an accident or illness, rescue, medical treatment, dental treatment and evacuation may not be available or may be delayed.

### Release of Liability

10. In consideration of the Organization allowing the Participant to participate, the Parties agree:
  - a) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from participating with the Organization and/or in the Events; and
  - b) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant's participation with the Organization and/or in the Events, or from the physical risks associated with same.

### Acknowledgement

11. 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 and representatives.

\_\_\_\_\_  
Printed Name of Participant (*ages 13-17 only*)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



\*A completed Health Report must accompany registration in order to finalize registration.

# SUMMER 2019 CAMPER HEALTH REPORT

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade completed as of June 30, 2019 \_\_\_\_\_

Camp Session (ie: Junior/Middle Yrs Camp): \_\_\_\_\_

Personal Medical # (9 Digits) \_\_\_\_\_ Registration # (6 Digits) \_\_\_\_\_

Other Medical/Accident Insurance Type and Number: \_\_\_\_\_

Camper's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Camper's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

## EMERGENCY CONTACT – VERY IMPORTANT

Guardian's Name: \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

A relative or friend to contact in the event that the parent/guardian cannot be reached. This needs to be different than the contact in the Camper Information Section above.

Alternate Contact Person: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Name of the Individual who will be picking up your child from camp: \_\_\_\_\_

### GENERAL HEALTH HISTORY (LIST ANY)

### INDICATE TREATMENT (i.e.: give Tylenol, rest, etc.)

<b>Chronic Illness</b> (i.e. diabetes, arthritis, etc.)	
<b>Behavioral conditions</b> (i.e. ADD, behavioural concerns, phobia, depression, etc.)	
<b>Head problems</b> (frequent headaches, migraines)	
<b>Eye problems</b> (i.e. wears glasses/contacts; pink eye, etc.)	
<b>Ear, Nose &amp; Throat problems</b> (i.e. ear aches, sinusitis, sore throat)	
<b>Mobility Limitations</b>	
<b>Orthopedic Injuries/problems</b> (i.e. joint or back injuries)	
<b>Respiratory problems</b> (i.e. frequent colds, coughs)	
<b>Asthma</b> (what triggers an attack?)	
<b>Gastrointestinal problems</b> (i.e. frequent stomach aches, nausea, vomiting, constipation)	
<b>Skin conditions</b> (i.e. rashes, eczema, hives, burns easily in the sun, etc.)	
<b>Past surgeries</b>	
<b>Other</b> (i.e. Sleep walking, bed wetting, etc.)	

# HEALTH REPORT CONTINUED

Allergy	Reaction	Treatment (e.g. EpiPen)
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any allergies (food, medication, environmental—dust, pollen, etc.):

Are there any other medical conditions the Camp Health Officer should be aware of?:  Yes  No (if yes, specify)

## MEDICATIONS (Please list all medications that the camper is currently taking)

Name of MEDICATION	DOSAGE	TIME USUALLY TAKEN	REASON
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please Note:** All prescribed medication must be sent in the **ORIGINAL PRESCRIPTION BOTTLE** (please send sufficient supply with a few extra).

- The camp health officer will administer **ALL** medications. If the medication is not in the original bottle or the label is not legible **IT WILL NOT BE ADMINISTERED**. If a change to the camper's health prior to coming to camp, the camp must be notified.
- Any over-the-counter medication must be in the **ORIGINAL PACKAGE** and be accompanied by parent instruction.
- If the camper has been exposed to an infectious disease or serious illness within six (6) weeks of the start of camp, please have your doctor provide a letter to Camp Nutimik outlining the illness, physical activity restrictions and medications prescribed. **PLEASE MAKE THE CAMP AWARE OF ANY MEDICATION CHANGES AT THE TIME OF ON-SITE REGISTRATION.**

Date of last physical examination: \_\_\_\_\_ Are immunizations up to date?  Yes  No Date of last Tetanus shot: \_\_\_\_\_

**Girls only:** Is she menstruating?  Yes  No Is she aware of its possible onset?  Yes  No

*\*If your daughter is on one of our Wilderness Adventure Expeditions, she should be made aware that her cycle can be altered by the extensive physical activity involved on some of these trips. Unless a period has just passed, it is recommended that some feminine hygiene products be brought to camp. This can be discussed with the female out-trip staff.*

Has the camper had head lice and/or nits in the last 8 weeks?  Yes  No

**(Camp Nutimik reserves the right to not accept any participant that is infected with lice. The participant may be accepted once the lice have been treated.)**

If your child should become ill or injured while at camp, it may be necessary to give them medications that are administered by the camp health officer. The following is a list of medications available at the health care station. Medications may include, but are not limited to this list. Please check off any medications you **DO NOT** want your child to receive.

- |                                                                                                           |                                                                     |                                                                            |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Tylenol (acetaminophen) - for pain/fever                                         | <input type="checkbox"/> Ibuprofen (Advil, Motrin) - for pain/fever | <input type="checkbox"/> Lozenges (Halls, Cepacol) - for sore throats      |
| <input type="checkbox"/> Antacids (Tums, Rolaids) - for stomach ache                                      | <input type="checkbox"/> Gravol—for nausea or vomiting              | <input type="checkbox"/> Antibiotic Ointment (Polysporin) - for minor cuts |
| <input type="checkbox"/> Eye Drops (Visine, Polysporin) - for dry/red eyes                                | <input type="checkbox"/> Ear Drops (Polysporin) for swimmer's ear   |                                                                            |
| <input type="checkbox"/> Antihistamines (Benadryl, Claritin, Chlotripolon) - for allergy or cold symptoms |                                                                     |                                                                            |
| <input type="checkbox"/> Decongestants (Cough Syrup, Tylenol Cold) - for coughing/cold symptoms           |                                                                     |                                                                            |
| <input type="checkbox"/> <b>EPI-PEN (for severe allergic reactions)</b>                                   |                                                                     |                                                                            |

## Parent/Guardian Permission Form (if under 18)

In case of medical emergency, I understand every effort will be made to 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 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 if necessary.
- I agree that the Executive Director or his designate has the right to dismiss a camper who in their opinion is a hazard to the safety or rights of others or is not conforming to the reasonable expectations of the camp.

I have read and understood the terms of this agreement and by **ALLOWING MY CHILD** to participate in the camp, 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 indicated otherwise in writing.

Child's Name \_\_\_\_\_

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

Date \_\_\_\_\_