



Operated by: The Camp Ta-Wa-Si Board of Directors Accredited by:

- United Church of Canada
- New Brunswick Camping Association

**Send Registration Form to:**

**Camp Ta-Wa-Si  
c/o Registrar  
P.O. Box 1384  
Moncton, N.B. E1C 8T6**

<b>Office Use Only</b>
Paid w. Registration:
Sponsorship:

<b>Office Use Only</b>
Amount Owed:
Paid at Camp:

**Family & Friend Camp (July 10 – 12, 2020)**

**Registration/Medical/Off-site Activity and Photo Release Form**

*Please Print Clearly (Please submit second page for each individual attending)*

Adult Name: \_\_\_\_\_ Relationship to Camper (if applicable) \_\_\_\_\_

Adult Name: \_\_\_\_\_ Relationship to Camper (if applicable) \_\_\_\_\_

Child Name: \_\_\_\_\_ Male  Female  Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child Name: \_\_\_\_\_ Male  Female  Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child Name: \_\_\_\_\_ Male  Female  Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child Name: \_\_\_\_\_ Male  Female  Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

First-time (New) at Family & Friend Camp?  Returning to Family & Friend Camp?

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

City/Town: \_\_\_\_\_ Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Church or Organization: \_\_\_\_\_ Nil

When/How did you hear about Camp Ta-wa-si? \_\_\_\_\_

- Eligible for **Early Bird Discount? (\$25 if paid in full by May 15, 2020)** Yes  No
- Payment Program (see website for details): Tier I  Tier II  Tier III

**Please complete this page for each individual attending**

**Medical Information – Short Form (Long Form to be completed on arrival at camp)**

Please check if you have had the following:                      Do you have problems with:                      Please list carefully any allergies to:

- |                                       |  |                                      |   |                |
|---------------------------------------|--|--------------------------------------|---|----------------|
| <input type="checkbox"/> Chicken pox  | <input type="checkbox"/> Hernia        | <input type="checkbox"/> Asthma      | <input type="checkbox"/> Skin rash        | Foods: _____   |
| <input type="checkbox"/> Mumps        | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Bronchitis  | <input type="checkbox"/> Toothache        |                |
| <input type="checkbox"/> Measles      | <input type="checkbox"/> Menstruation  | <input type="checkbox"/> Fainting    | <input type="checkbox"/> Headaches        | Foods: _____   |
| <input type="checkbox"/> Convulsions  | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Sleep walking    |                |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Flu shot      | <input type="checkbox"/> Dizziness   | <input type="checkbox"/> Other (indicate) | Insects: _____ |
|                                       | Type: _____                            |                                      |   |                |

**Please list any dietary needs:** \_\_\_\_\_ **Other:** \_\_\_\_\_

\_\_\_\_\_ Campers temperature may be taken on arrival at camp  
\_\_\_\_\_

**Medications:**

Any medication (over-the-counter and/or prescribed) required by campers must be brought **with it's original packaging with dosage instructions and clearly labelled with the camper's name**. Medications are given to the camp medical staff or first aid provider upon arrival for storage. The medical staff will supervise the taking of medication by the camper according to instructions provided. Campers must be willing to take their medication. In case of emergency, I hereby give permission to the physician selected by the Camp Director to secure proper treatment for the child named on this form. I also understand and agree to the medical persons of Camp Ta-wa-si to administer over the counter medication if required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Individual (if over 19 years of age), Parent or Guardian

Medicare Number: \_\_\_\_\_ Province: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Audio-Visual Clips:**

I, on my behalf and on behalf of my child/ward, give permission to the Camp Ta-Wa-Si to photograph and/or record my child/ward and or my child's/ward's voice on any form of audio-visual equipment and to use this material (less name), in whole or in part, through the media of television, film, Internet, multimedia presentation, radio, audiotape, videotape or in printed form or display form for the promotion of Camp TaWa-Si. I, on my behalf and on behalf of my child/ward assign and transfer to Camp Ta-Wa-Si and United Church camps any and all rights, including copyright, which I may have or my child/ward may have in this material.

**I give my permission as set out above:**  \_\_\_\_\_  
**I do not give my permission:**  **Signature of individual if over 19 years of age, custodial parent or guardian**  
**Date:** \_\_\_\_\_

**Off-Site Activities:**

I, on my behalf and on behalf of my child/ward, give permission to the Camp Ta-Wa-Si to include my child/ward on any off-site activity (eg. water & woodlot activities) as part of the Camp Ta-Wa-Si's recreation program.

**I give my permission as set out above:**  \_\_\_\_\_  
**I do not give my permission:**  **Signature of individual if over 19 years of age, custodial parent or guardian**  
**Date:** \_\_\_\_\_