



2020 Camper Registration

Mail registration form and \$50 non-refundable, non-transferable deposit to:
 Jan. 1 – May 15: **Camp ABK, 624 McNabb St., Sault Ste. Marie, ON P6B 1Z4**
 May 15 – Aug. 31: **Camp ABK, 260 Sugar Lake Rd, Walford, ON P0P 2E0**
**** FOR ONLINE REGISTRATION GO TO CAMPABK.COM – A FASTER, SIMPLER WAY TO REGISTER YOUR CHILD!**
**** EARLY BIRD FEE: REGISTER AND PAY IN FULL BY APRIL 1ST AND RECEIVE A \$15 DISCOUNT**

CAMPER INFORMATION

Camper Name:		Age at Camp:	Male or Female:
Address:		Date of Birth:	
City/Town:	Prov: P.C.	Parent Email:	
Parents Names:		Camper Lives with: Mom, Dad, Both, Other:	
Phone Numbers: (Home):		(Work):	(cell):

CAMP SESSION

Camp Session:	Bus Required: <input type="checkbox"/> Yes or <input type="checkbox"/> No
Dates of Session:	Bus to Camp – Pick-Up Location:
First Time at ABK?: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Bus home – Drop-off Location:
<i>Sports Camp Only:</i> Please choose one sport: <input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Wakeboard <input type="checkbox"/> Lifeguarding (Bronze cross/medallion) <input type="checkbox"/> Gymnastics	

"3 for FREE" Referring Friend (Who invited you to Camp ABK?):

Camper Placement: Name **ONE** camper you wish your child to share a cabin with (sorry, no guarantees):

Update@ABK Newsletter: Please add my address to the ABK Newsletter email list. Yes please: No Thank-you

If your child is being picked up at ABK please list the individual picking him/her up.

Name: Relationship: Phone Number:

*****If this information changes you must call and notify camp*****

ALTERNATE CONTACT INFORMATION (NOT PARENTS!!!-DIFFERENT CONTACT INFORMATION FROM ABOVE)

Contact #1: Name:	Relationship:	Phone:
Contact #2: Name:	Relationship:	Phone:

CONDITIONS OF ENROLLMENT

- The parent(s) or guardian(s) submitting this application are those having legal custody over this child. Conditions of custody, if applicable, must be fully communicated in writing with the Camp, including, if applicable, a photocopy section of any court order referring to visitation rights. The signature on the registration form signifies that both Parent(s)/guardian(s) are in agreement with the conditions of enrollment.
- The applicant is in good health, and I grant permission for him/her to participate in all activities at Camp Aush-Bik-Koong.
- The Camp Director reserves the right to dismiss a camper who is, in his/her opinion, a hazard to the safety and rights of others, or who appears to have rejected the reasonable rules and controls of camp. It is the parent's responsibility to transport the camper home in case of dismissal from camp.
- In case of withdrawal during the camp period on the nurse's order, a prorated portion of the fee for the unexpired term will be refunded. **No refund will be made for any other reason including but not limited to dismissals due to disciplinary action, homesickness, late arrival or early departure.** Except for the \$50 deposit, the fee will be refunded if the camper cancels before the start of camp.
- I give permission to Camp Aush-Bik-Koong to use any image or likeness of the applicant for promotional purposes.
- I consent to allow Camp Aush-Bik-Koong to collect and use information about this camper for registration, follow-up after camp, and for mailing future camp letters and brochures.

SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have read, understood, and accepted the terms of enrollment as stated above. The information I have provided is true and accurate.

Parent/Guardian Signature:	Date:
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Health Form on reverse MUST be filled in too!

FOR OFFICE USE ONLY

Reg. \$ _____ Chq #: _____ Rec. # _____
 Bal. \$ _____ Chq #: _____ Rec. # _____

CAMP ABK - CAMPER HEALTH FORM

For use by Camp ABK's Health Personnel to best care for your child

FOR OFFICE USE ONLY

Cabin # _____

CAMPER'S HEALTH INFORMATION

Camper Name: _____ OHIP/Health Card #: _____

Doctor's Name: _____ Doctor's Phone #: _____

Health Ins. Co. & # (if applicable): _____

Please check any health issues this camper has:

- ADD/ADHD Down Syndrome Asthma Bed Wetting Diabetes Heart Condition
 Epilepsy Motion Sickness Behaviour Homesickness Other: _____

Details: _____

Allergy Information:

- Insects - Yes or No Details: _____
Food - Yes or No Details: _____
Penicillin - Yes or No Details: _____
Other - Yes or No Details: _____

Does your Child have an epi-pen? Yes or No If yes, your child must bring two epi-pens to camp (one kept by nurse, one on person)

Dietary Concerns: **Camp ABK accommodates medically-related dietary needs, not lifestyle dietary choices** (ie. Vegetarian/organic foods)

Immunization History: Up to date? Yes or No Date of last Tetanus Toxoid booster: _____

Can the camper participate fully in the program? Yes or No If no, please explain on a separate sheet of paper.

Does the camper receive Resource/Special Education assistance in school? Yes or No

If yes, please describe: _____

List All Medication (including vitamins) being brought to camp:

MED. NAME	DOSAGE	FREQUENCY/TIMES
_____	_____	_____
_____	_____	_____
_____	_____	_____

All medication/vitamins are to be kept in the Nurse's Cabin and administered by our staff, with the exception of inhalers which may be kept on a camper's person. For medications that are administered by injection, the camper must be able to self administer with supervision.

ALL MEDICATION MUST BE IN ORIGINAL PHARMACY CONTAINERS!!!

Over-The Counter Medication: Campers are discouraged from bringing over-the-counter medication (ie. Tylenol, Gravol, cold meds); Camp ABK is well-stocked and the Camp Nurse can administer these if needed.

List any over-the-counter medication you **DO NOT** want our nurse to provide if needed: _____

Lice: Campers are checked for lice at the beginning of each camp session. **If a camper is found to have lice/eggs/nits parents can request treatment at camp for a \$100.00 fee or treat at home.**

CAMP AUSH-BIK-KOONG PROVIDES FIRST AID ONLY.

CONSENT TO TREATMENT

1. To the best of my knowledge, my child is in good health and has not been exposed to any serious and/or infectious disease, including lice, in the past four weeks. If he/she becomes exposed to any serious/infectious disease between now and the time of departure for camp, I understand that Camp ABK must be notified.

2. I authorize staff of Camp Aush-Bik-Koong to provide medical attention to my child, if needed. I agree to accept financial responsibility for any medical expenses in excess of the benefits allowed by Provincial health and/or other insurance plans where: 1) the health and well-being of the applicant is involved; 2) The medical advice has been such that further service is required, services that require the consent of the parent(s)/guardian(s); 3) Where all attempts to contact the parent(s)/guardian(s) have failed, or where, due to the nature of the emergency, there is insufficient time to contact such parent(s)/guardian(s), it shall be at the discretion of the Camp Director as to what steps are taken for the welfare and safety of the applicant.

3. In the case of surgical emergency and we are not available for consultation, I hereby give permission to the physician selected by the Camp Director or Designate to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above.

4. I hereby give permission for Camp Aush-Bik-Koong's Health Personnel to administer over-the-counter medication in case of minor injury and/or illness during my child's stay at Camp ABK. I also give permission for Camp Staff to provide Standard First Aid to my child as appropriate.

5. I give permission for Epinephrine to be administered as ordered by a physician to my child in case of anaphylactic (serious allergic) reaction.

6. I agree that all the information given on this form is complete and accurate.

SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have read, understood, and accepted the consent to treatment as stated above. The information I have provided is true and accurate.

Parent/Guardian Signature: _____ Date: _____