

CAMP ST. SOPHIE

CHERTSEY, QUEBEC

Summer 2009

Date of Birth _____

Family Name _____ Given Name _____

Address _____

City _____ Postal Code _____

Telephone () _____

Name of Father (Guardian) _____

Telephone () _____ Cell () _____

E-Mail _____

Name of Mother (Guardian) _____

Telephone () _____ Cell () _____

E-Mail _____

Medicare Card # _____
(Medicare Card must be left with the Camp Director)

Social Insurance Number (For Income Tax Purposes) _____

I acknowledge and fully understand the information given me regarding the Rules for Campers at St. Sophie Camp as well as the fees involved (\$285 per child per week and \$265 for each additional child from the same family.)

I wish to register my child for the following:

() Week of July 12 – July 18, 2009

Amount Paid \$ _____

() Week of July 19 – July 26, 2009

Amount Paid \$ _____

I declare my child to be in good health and is able to participate in all activities sponsored by the summer camp. I authorize the Camp Administration to act on my behalf in case of all emergencies.

Signature _____

Date _____

Please send completed application forms along with registration fees to:

Camp St. Sophie
c/o Very Rev. Fr. Volodymyr Kouchnir
6270 12th Ave.
Montreal, QC H1X 3A5

St. Sophie Camp Medical Form

Name: _____

Sex: male _____ female _____ Age: _____

Address: _____

Telephone # _____

Responsible Parent's Full Name: _____

Address: _____

Telephone # _____

Emergency Contact :

Name: _____

Address: _____

Telephone # _____

Does your child suffer from any of the following?

Asthma _____	Epilepsy _____	Allergies _____
Diabetes _____	Heart Disorders _____	Peanut Allergies _____

Please state which allergies your child suffers from and/or any other medical conditions:

Does your child require a special diet? Yes _____ No _____

If yes, which? _____

Does your child require any special medication? Yes _____ No _____

If yes, which? _____

Has your child received a Tetanus injection within the last 5 years? Yes _____ No _____

If yes, which? _____

Family Doctor's Name _____ Telephone: _____

Family Doctor's Licence Number: _____

Family Doctor's Signature: _____

Doctor's signature is COMPULSORY. Without a signature, a camper will not be accepted.

I, the undersigned, declare the above information is true and that my child is in good health and able to participate in activities sponsored by the summer camp. I authorize the camp administration to act on my behalf in case of emergency. The parties hereby consent to the drafting of this agreement in the English language. Les intéressés consentent à ce que cette entente soit rédigée dans la langue anglaise.

Parent's Signature _____ Date _____

Check List of Items to Bring to Camp

- Medicare Card
- Toothbrush
- Soap, towel, shampoo
- Beach towel
- Pillow, pillow case
- Fitted sheet
- Blanket
- Sleeping bag
- Jacket
- Shorts
- T-shirt
- Running shoes
- Sun-tan lotion
- Mosquito repellent
- Sweater
- Bathing Suit
- Ukrainian Shirt and/or Blouse

Note: Please take care of your personal belongings.
The camp is not responsible for lost or stolen items.

Rules for All Campers at St. Sophie Camp

1. Your child must obey his/her counsellors and the camp's administration. If your child regularly disobeys the counsellors and breaks the rules you shall be notified and the administration may send your child home. This clause is necessary for the well-being and safety of your child. Please explain to your child the importance of discipline and responsibility while at the camp.
2. Your child must respect the camp's daily routine. Exceptions can be made by the Camp Director or the counsellors.
3. Possession of tobacco products or alcohol beverages are strictly prohibited at the camp and will not be tolerated.
4. The following objects are not allowed: cell phones, cameras, sharp objects, video games, and fishing equipment.
5. If your child is taking medications, please give them to the Camp Director and advise him accordingly. He will make sure that your child receives them on time.

Having taken knowledge of the requirements for campers and understanding fully the information given regarding these rules, I do authorize my child/children to partake in camp activities. Also, I certify that I have explained to my child the content of these rules.

Parent's Name _____

Signature _____

Date _____

Place _____

FOR THE CAMPER:

I have read all the rules and have understood them fully. By signing this document I promise to respect them all.

Name _____

Signature _____