



REGISTRATION FORM

Our overnight camps on the shores of beautiful Braeburn Lake has campers enjoying canoeing, swimming, crafts and campfires, as well as interdenominational Christian learning time focusing on friendship and respect.

For more information visit:

www.braeburncamp.ca

or call:

(867) 393-2755

Send your registration form:

Scan and email:

(payment by etransfer to same address)

braeburncamp@gmail.com

Drop off:

(payment by cheque or cash)

Whitehorse United Church

601 Main St

Tues – Fri 9am – 2pm

Mail:

(payment by cheque or cash)

Braeburn Lake Camp

Box 30116, Whitehorse, YT Y1A 5M2



Braeburn Lake Summer Camp is owned and operated by Braeburn Lake Christian Camp Association. (Member Congregations are: Trinity Lutheran, Whitehorse United Church, Anglican Diocese, and Roman Catholic Diocese)

The camp is accredited by United Church Camps.

HEALTH INFORMATION

The following information will be used to ensure your camper remains healthy during our camp session. In the event of an emergency, we will do our best to contact you for further instructions regarding your camper's care. The Yukon Health Care Number is collected to be used only in the event publicly funded health care must be sought for your camper. We take the confidentiality of this information seriously and will ensure only those who need to know this information have access to it.

CAMPER'S NAME _____ DATE OF BIRTH _____

YUKON HEALTH INSURANCE PLAN # _____ PRIMARY CONTACT PHONE # _____

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? YES NO IF NOT, LAST TETANUS: _____

MEDICAL CONDITIONS: _____ **NONE:**

MEDICATIONS:

DRUG NAME	HOW MUCH (DOSE)	HOW OFTEN (FREQUENCY)

KNOWN ALLERGIES:

_____ **NONE:**

DO YOU AUTHORIZE THE USE OF BENADRYL BASED ON AGE, IF NEEDED? YES NO

DOES YOUR CHILD HAVE AN EPINEPHRINE AUTOINJECTOR PEN? YES NO

IF YOUR CHILD HAS AN EPIPEN OR A VENTOLIN PUFFER, PLEASE SEND THEM TO CAMP WITH A FANNY PACK SO THEY CAN CARRY THESE WITH THEM AT ALL TIMES.

DIETARY RESTRICTIONS: _____ **NONE:**

Braeburn Camp tries to be as accommodating as possible to ensure that every child who wishes can attend our camp. The kitchen is run by volunteers and we'll do our best to accommodate any allergies or dietary restrictions. We cannot guarantee allergen-free environments but can work with you to develop an individual health plan for your son or daughter.

DOES YOUR CAMPER HAVE ANY OF THE FOLLOWING?

BEDWETTING? NO YES THIS IS WHAT WE DO: _____

SLEEP WALKING? NO YES THIS IS WHAT WE DO: _____

NIGHTMARES? NO YES THIS IS WHAT WE DO: _____

ANY OTHER SPECIAL NEEDS/CONCERNS/BEHAVIOURAL ISSUES WE SHOULD BE AWARE OF? **NONE**

HOW DO YOU MANAGE THIS?

I, _____, give my permission for any emergency medical treatment necessary during the camp.

Parent/Guardian's signature _____ Date _____

**Braeburn Lake Summer Camp
Release, Waiver of Claim, Assumption of Risk and Indemnity**

Please read carefully, by signing this Release, Waiver of Claim, Assumption of Risk and Indemnity you and your child are giving up certain legal rights. Your child cannot participate in the Braeburn Lake Christian Camp Association (the "Association") summer camp without your reading and signing this release.

In consideration of the Camp allowing my child to participate in its summer camp program, I, the undersigned agree and acknowledge the following:

- 1) The summer camp is a program of indoor and outdoor physical activity and recreation that involves a variety of risks from activities that include swimming, canoeing, hiking, crafts, music, sports, daily devotions, nature appreciation and campfires. These risks include, without limiting the generality of the foregoing, the following:
 - a. Personal injury, including cuts, bruises, broken bones, strains, dislocation of joints, eye or ear injuries, concussions or head injuries and internal injuries;
 - b. Death from drowning;
 - c. Risk of death or injury inherent with involvement in the activities of a summer camp;
 - d. Loss or damage to personal belongings or equipment;
 - e. Fatigue, chill or distraction that may diminish reaction time and increase the risk of an accident;
 - f. Injury or death resulting from other participants not complying with stated rules or acting in dangerous, reckless or negligent manner.
- 2) Knowing the risks, I, for myself and my child, our heirs, executors, administrators or anyone else who may claim on my behalf, covenant not to sue, and waive, release and discharge the Association, its members, directors, officers, employees, volunteers, agents, representatives and sponsors of the Association, namely, the Anglican Church of Canada, the Diocese of Yukon, Christ Church Cathedral, Church of the Northern Apostles, the Catholic Episcopal Corporation of Whitehorse, Sacred Heart Cathedral, Our Lady of Victory Church, the United Church of Canada, and Trinity Evangelical Lutheran Church and their members, officers, directors, employees, volunteers, agents, representatives, and clergy (the "Association and Sponsors") from any and all claims or liability for personal injury, death, damage to property or loss of any nature or kind and however caused whether arising by reason of the negligence or deliberate act of the Association and sponsors.
- 3) I agree to indemnify the Association and sponsors for any action or claim brought by a third party arising from the actions of my child, whether negligent or not, including any legal costs incurred by the Association and sponsors in defending the action or claim.
- 4) I am not relying on any oral or written statements made by the Association and sponsors, whether brochures, advertisements, video tapes, in individual conversation or otherwise. I agree on behalf of my child to assume responsibility for the risks identified herein and those risks not specifically identified. My child's participation in the summer camp is purely voluntary and I consent on my child's behalf to participate in spite of the risks.
- 5) I certify that my child is fully capable of participating in this activity.
- 6) I assume and voluntarily accept, for myself and my child, including any dependents or minor children for whom I am responsible, all of the risks and the possibility of personal injury, death, damage or loss of personal property and expenses as a result of the inherent risks and dangers whether arising out of negligence or deliberate act in participating in this activity.
- 7) As a parent or guardian of a minor participating in the Association's summer camp, I agree to indemnify and hold harmless the Association and sponsors, from any and all claims, losses, or damage arising from my child's participation in the Association's summer camp, including property damage, personal injury, death, to my child or caused to other persons by the deliberate act or negligence of my child.

I confirm that I have read over this Release, Waiver of Claim, Assumption of Risk and Indemnity before signing it. I understand the Agreement and that I am giving up certain rights for me and my child. I understand that this Agreement will be binding not only on me and my minor child, by also my heirs, executors, administrators, assigns and anyone else who may claim on behalf of my child.

Signed this _____ day of _____ in the year 20____. Camper Name: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Witness Name: _____ Witness Signature: _____

NOTE: THE CAMP REGISTRATION IS NOT COMPLETE WITHOUT THE COMPLETION OF THE ATTACHED HEALTH INFORMATION FORM.