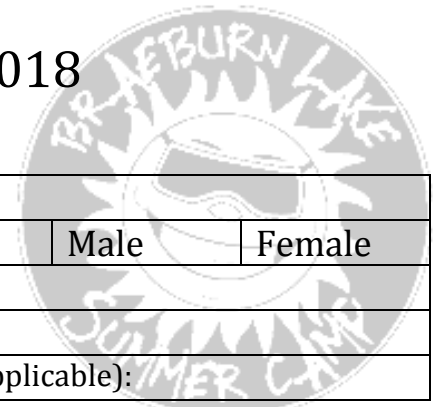


# Braeburn Lake Summer Camp 2018

braeburncamp@gmail.com  
Box 30116, Whitehorse, YT, Y1A 5M2



## REGISTRATION FORM 2018

Name:		Male	Female
Address:		City:	
Postal code:		Phone:	
D.O.B. dd/mm/year		Church affiliation (if applicable):	

*We acknowledge that Braeburn Lake Camp is within the Traditional Territories of the Little Salmon/Carmacks First Nation, Kwanlin Dün First Nation, Ta'an Kwäch'än Council, and Champagne & Aishihik First Nations.*

**Registering for:**

Teen Camp (12-14 years)	Monday, July 2 – Friday, July 6	\$200.00	<input type="checkbox"/>
PeeWee/Junior (6-11 years)	Monday, July 9 – Friday, July 13	\$200.00	<input type="checkbox"/>
PeeWee/Junior (6-11 years)	Monday, July 16 – Thursday, July 19	\$175.00	<input type="checkbox"/>
Junior/Teen (9-14 years)	Sunday, July 22 – Thursday, July 26	\$200.00	<input type="checkbox"/>
50 <sup>th</sup> Anniversary Family Celebration Weekend (July 27-29)		\$60.00/family	<input type="checkbox"/>

**(We accept cash, cheque, or e-transfer payments to braeburncamp@gmail.com)**

(check all that apply)

<p><b>Early registration discount (\$10) (before June 1)</b></p> <p><b>Second child discount (\$20)</b></p> <p><b>OR</b></p> <p><b>Volunteer discount (50%)</b></p>
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T shirt size (Circle only one) Child S M L Adult S M L XL XXL

If possible, my child would like to share a cabin with: \_\_\_\_\_

For safety reasons, please indicate who will be picking up your child from camp? \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name:	Home Phone:
Email:	Work phone:
Name:	Home Phone:
Email:	Work Phone:

*If the above are unavailable in an emergency, please contact:*

Name:	Home phone:
Relationship to camper:	Work phone:

On signing this application, the guardian has made complete disclosure of issues to the Director and staff that may affect the full participation and enjoyment of the camper; and consents:

- |   |                |
|---|----------------|
| a) to the camper's participation in camp activities,                                | Initial: _____ |
| b) that the child is willing to follow the rules and discipline policy of the Camp; | Initial: _____ |
| c) to the use of photos (digital, film, or otherwise for promotional purposes)      | Initial: _____ |

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

Office use only:	Camp fee:	Pmt Method:	Campership:	Balance:	Confirmation? Y N	Date:	Receipt #
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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 \_\_\_\_\_

Participant (Camper): \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (print name)

\_\_\_\_\_  
Parent or Guardian (signature)

\_\_\_\_\_  
Witness (print name)

\_\_\_\_\_  
Witness (signature)

NOTE:

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

## **BRAEBURN CAMP - CAMPER 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