

RNC Police Academy Camp 2016

August 9 - 12

DRESS CODE: INAPPROPRIATE OR REVEALING CLOTHING (SUCH AS SHORT SKIRTS, BELLY TOPS, STRAPLESS AND LOW CUT SHIRTS, PANTS DROPPING BELOW THE HIP LINE AND CLOTHING WITH ALCOHOL, DRUG OR OFFENSIVE LANGUAGE) WILL NOT BE TOLERATED.

All applicants must be between 9 and 12 years of age as of the camp date. Note: campers who have not attended the RNC Camp before will be given first opportunity.

Name: _____	Telephone #: _____	
Address: _____		
Email Address: _____		
Birth Date: ___/___/___ D M Y	Gender: _____	School Grade: _____
Are you a member of Mi'kmaq First Nations or other minority group: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please Specify (optional): _____		
T-Shirt Size (YOUTH): S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>		

Surname–Parent/Guardian: _____	Name: (Mother) _____
	(Father) _____
Telephone #: _____	
Address: _____	
Family – number of people under 18 years at home: _____	
Number of Children in School: _____	
IN CASE OF EMERGENCY PLEASE NOTIFY:	
Name: _____	Address: _____
Email Address: _____	
Telephone #: _____	Relationship to Camper: _____

Note: No visitors except in Cases of Emergency!

Please return application by:

July 29, 2016

Camper's Personal Health Record

(PLEASE SEND WITH APPLICATION)

NAME: _____

BIRTH DATE: _____

ADDRESS: _____

MCP #: _____

EMAIL ADDRESS: _____

LIST OPERATIONS AND INJURIES GIVING DATE AND NATURE: _____

LIST ANY PHYSICAL DISABILITIES THAT MAY PREVENT CAMPER FROM PARTICIPATING FULLY IN CAMP PROGRAM: _____

LIST ALL MEDICINES WHICH THE CAMPER MUST USE DURING CAMP – INCLUDING NAME OF DRUG(S), CONDITION DRUG IS PRESCRIBED FOR AND DOSAGE: _____

NAME & TELEPHONE # OF FAMILY DOCTOR: _____

PLACE CHECK MARK IF CAMPER SUFFERED FROM ANY OF THE FOLLOWING AND INDICATE WHEN:

CHICKEN POX	<input type="checkbox"/>	_____	KIDNEY TROUBLE	<input type="checkbox"/>	_____	HYPER ACTIVITY	<input type="checkbox"/>	_____
ARTHRITIS	<input type="checkbox"/>	_____	SEIZURES	<input type="checkbox"/>	_____	DIABETES	<input type="checkbox"/>	_____
FAINTING	<input type="checkbox"/>	_____	BEDWETTING	<input type="checkbox"/>	_____	APPENDICITIS	<input type="checkbox"/>	_____
BRONCHITIS	<input type="checkbox"/>	_____	SKIN DISEASE	<input type="checkbox"/>	_____	ASTHMA	<input type="checkbox"/>	_____
SLEEP WALKING	<input type="checkbox"/>	_____	ECZEMA	<input type="checkbox"/>	_____	BOILS	<input type="checkbox"/>	_____
EAR TROUBLE	<input type="checkbox"/>	_____	HYSTERIA	<input type="checkbox"/>	_____	SINUS TROUBLE	<input type="checkbox"/>	_____
HAY FEVER	<input type="checkbox"/>	_____	EPILEPSY	<input type="checkbox"/>	_____	ATTENTION DEFICIT	<input type="checkbox"/>	_____

ARE THERE ANY OTHER ILLNESS NOT LISTED? YES NO

IF YES, PLEASE LIST: _____

DOES THE CAMPER HAVE ANY ALLERGIES? YES NO

IF YES, PLEASE PROVIDE A COMPLETE LIST: _____

DOES THE CAMPER REQUIRE AN EPIPEN? YES NO

DOES THE CAMPER HAVE ALL OF HIS/HER IMMUNIZATIONS UP TO DATE? YES NO

DOES YOUR CHILD NEED CONSTANT SUPERVISION? YES NO

ALL FORMS ARE REQUIRED FOR REGISTRATION FOR CAMP!

PLEASE SEND THIS FORM WITH APPLICATION

Note: No visitors except in Cases of Emergency

Please return application by July 8, 2016

PARENT'S/GUARDIAN'S APPROVAL AND WAIVER OF CLAIM

I hereby authorize the Camp Director or individual (as assigned by the Camp Director), to secure such medical advice and services as may be deemed necessary for the health and safety of my son/daughter, and I agree to accept financial responsibly in excess for the benefits allowed by Provincial Health Insurance Plans.

DECLARATION – “ I hereby agree that my child be accepted for the RNC Police Academy Camp and will participate fully in the camp program. I will accompany the child to the place of departure and meet him/her on return. I hereby release the RNC from all responsibility and claim for accident, sickness or other loss during camper's absence from home.”

Please note any custodial concerns or instructions: _____

Signature of Parent/Guardian

Date

Signature of Witness

Date

Photo Waiver

I, give permission for the RNC Police Academy Camp to use appropriate activity related pictures of the camper and/or myself in promotional material.

Signature of Applicant: _____

Signature of Parent or Guardian: _____