



CAMP KEARNEY REGISTRATION FORM SUMMER 2018

Camper Name: _____ **Age:** _____

Gender _____ Male **Birth Date** _____

Address (Street, City, Postal Code) _____

Parent(s)/Guardian: _____ **Email:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Emergency Contact: _____ **Phone #:** _____

Session: _____ **Additional Session(s):** _____

Bunkmate Request(s): _____ **T-Shirt Size:** _____

Please note: all t-shirts are in adult sizes

Media Release

By checking this box, I hereby give consent to my child/my being, filmed, interviewed, photographed or have audio or video recordings made of my child/me by the media (print, broadcast and online), and employees, agents or servants of the Toronto District School Board for the summer of 2017. I understand that the text or image(s) may appear in electronic form on the Internet or in other publications outside of the Board's control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

I Agree

Transportation

Please select how the camper will be travelling to and from camp. Please note the coach bus to and from camp is included in the registration fee. The bus will pick up and drop off campers from Agincourt Collegiate, 2621 Midland Avenue, Scarborough, Ontario. The bus leaves at 12:30pm!

Camper will be taking the bus to Camp Kearney

Camper will be dropped off at Camp Kearney (After 4:00pm)

Camper will be taking the bus to Toronto

Camper will be picked up at Camp Kearney (Between 9:00am – 9:30am)

Email List

By checking this box I agree to receive emails, reminders and promotional offers from Camp Kearney.

I Agree

How Did You Hear About Us? _____

Please Complete the Health & Medical Form on Page 2



CAMP KEARNEY HEALTH & MEDICAL FORM 2018

Family Doctor: _____ OHIP Number: _____

Additional Health Coverage: _____

Please List Any Health & Medical Conditions (ie. Migraines, Sleepwalking, Fainting, etc.)

Please List Asthma or Allergies (1= Mild to 4= Life Threatening) Reaction & Treatments

EpiPen Inhaler May Tylenol/Advil be administered in the event of a headache?

Medication(s) Reason & Dosage (All medication will be administered by our Sr. Staff) No

Dietary Restrictions _____

List any foods that should be avoided for medical, dietary or religious reasons. If foods are life threatening explain the symptoms and if food needs to be removed from the menu. Please list "None" if not applicable.

Participation & Limitations _____

Please explain any limitations or other concerns, which may affect the camper's participation in the

Consent of Parent/Guardian _____

By signing this I understand that, in the event of a medical emergency, medical officials can authorize emergency care. This would only apply when a serious condition exists and Camp Staff and Medical Officials have been unable

Any Additional Notes

Thank you for your support!