

CAMP TRIDENT REGISTRATION FORM 2017

(Only one camper information per form)

Name: _____

Gender: _____ Age: _____
(as of June 30, 2015)

Birth Date: / / (m/d/y)

Parent(s)/Guardian(s): _____

Address _____ City: _____

Province: _____ Postal Code: _____

Phone (h) _____ (w) _____

E-mail: _____

Emergency contact name, phone and relationship to camper

Name: _____

Phone : _____

Relationship: _____

(in the event parents are unable to be contacted)

Parents/Guardians who may sign camper out from camp:

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____

Camper's Religion: _____ Baptized: Yes No

Local Parish: _____

The camper will participate in the Holy Sacraments of Confession and

Communion (Saturday July 11 and Sunday July 19): Yes _____ No _____

(Campers of non-Orthodox religion will not participate in confession and communion, but will be expected to attend the church service. Talk to your parish priest if you have any questions on this matter.)

Parent Signature: _____

Campers Knowledge of:

Ukrainian language: Grade completed _____

None: _____ Some: _____ Good: _____ Fluent: _____

Singing (Ukrainian): None: _____ Some: _____

Ukrainian Dancing: None: _____ Number of years: _____ Class level: _____

Musical Experience: None: _____ Instrument played _____

No. of years: _____

Cabin Mate Preference: _____

Canoeing Release

I (we) the parents (guardians) hereby authorize _____ to participate in Camp Trident Canoeing program. We further understand that our child MUST be over the age of 12.

Date: _____ Parent's Signature: _____

Date: _____ Camper's Signature: _____

HEALTH FORM 2014

- Personal Health #: _____
- Other Medical Insurance : _____
- Does the camper have any health condition or problems restricting camp activity? _____ If "yes" please describe. _____

- Is the camper subject to: Asthma _____ Diabetes _____ Tonsillitis _____
Convulsions _____ Bed-wetting _____ Sleepwalking _____ Other _____
- Immunizations up to date? Yes No
- Is camper on medication? _____ If "yes", explain _____
- Is camper on a special diet? _____ If "yes", explain _____
- Does camper have allergies? _____ If "yes", explain _____
- Family doctor _____ Phone: _____

Dear Parents or Guardians:

In an effort to make your child's stay at Camp Trident enjoyable, we keep a small supply of over the counter medications on hand to treat minor health problems. Medication is given only after an assessment is made by the Administrator and consultation with the nurse on call, if necessary. Such medications may include: Turns, Tylenol, Gravol (oral), Calamine Lotion, Polysporin Ointment.

Please provide any other pertinent information.

SIGNATURE & RELEASE

Signature of this application by the parent or guardian shall give the Administrator or nurse the right to obtain or approve any medical attention necessary to the camper's welfare or good health, and the parent or guardian agrees to pay for all medications and services not covered by the camper's medical insurance.

I have read all of the information contained herein and hereby release Camp Trident, its officers and employees connected with Camp Trident from all liability and damages resulting from the participation of my child or ward in Camp Trident for 2015. I understand that the fee represents consideration for the activities and services in connection with Camp Trident.

Date: _____ Parent's Signature _____

PAYMENT SUMMARY

Base Fee (due July 6, 2014)	\$325.00/child	\$ _____
Reduced Fee if paid before June 2, 2014	\$300.00/child	\$ _____
1st Child.....	\$325.00	\$ _____
2nd Child.....	\$300.00	\$ _____
3rd Child.....	\$275.00	\$ _____
Additional Donation:		\$ _____
	Total:	\$ _____

Total Enclosed: (Payable to "Camp Trident")

Campers are expected to remain for the duration of the camp including the final concert.

Please send completed application forms/fees and a **current photo of your child** to:

Camp Trident
C/O Leona Procyshyn
201 Sunset Dr. S.
Yorkton, SK
S3N 3R8

ADDITIONAL DONATION

Campers fees are subsidized by generous donations from groups, individuals, men's and women's organizations and, of course, churches. If you wish to make an additional monetary donation to Camp Trident to assist in covering the costs of the camp and to keep upgrading and improving the camp overall please indicate below. A tax deduction receipt will be issued for monetary donations.

Name of Donator _____ Amount: _____