

Taiga Adventure Camp
Summer 2008 Camper Application

All pages of this application must be completed. **Because this is a pilot year, registration is limited.** Simply submitting the Application does NOT guarantee a spot for your daughter. Once we have processed your application, we will contact you regarding payment and travel planning.

The total cost for each session is \$250. In most cases this includes travel to and from the camper's home community. Campers who live within driving distance of the camp will be asked to drive or carpool to cut down on costs.

Step 1: The Application

The Taiga Adventure Camp is for girls ages 12 – 17. If you are a potential camper, please have your parent or guardian fill out this information with you.

Name of Camper _____

Age (as of July 1, 2008) _____ Birthdate dd/mm/yy _____ Grade _____

Community _____

Address _____

General Contact _____

Name	Relationship	Telephone
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In Case of Emergency _____

Name	Relationship	Telephone
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Secondary Contact _____

Name	Relationship	Telephone General
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Health Card # _____ Family Doctor _____

Please check the session you would like to attend:

_____ Session 1 (July 7 - 16) _____ Session 2 (July 21-30)

If your session is full would you attend another session? _____ Y/ N

Send completed forms to: Taiga Adventure Camp. Box 1196. Yellowknife, NT. X1A 2N8

Camper Documents

Camper Questionnaire

What do you do for fun?

Who inspires you and why? (a friend, a teacher, a community leader, a celebrity, etc.)

Why do you want to go to camp?

I understand the camp rules and am aware that if I break the camp rules I may be sent home.
For a list of the camp rules please refer to our website:

<http://www.taigacamp.com/rules.htm>

Signed _____ (camper)

Parent/Guardian Questionnaire

Describe your child's individual needs and a reason for interest in the Taiga Adventure Camp.

I understand the camp rules and understand that if my daughter breaks the rules she may be sent home
at my expense.

For a list of the camp rules please refer to our website:

<http://www.taigacamp.com/rules.htm>

Signed _____ (parent/guardian)

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Parent / Guardian Consent and Waiver

I, _____ hereby grant (camper's name) _____ permission to participate in the Taiga Adventure Camp. If I cannot be readily contacted in an urgent situation I hereby authorize Taiga Adventure Camp personnel to provide or cause to be provided any medical services that Taiga Adventure Camp or medical personnel consider appropriate. Taiga Adventure Camp reserves the right to refuse further participation to any participant for inappropriate behaviour.

By signing this consent, I agree to allow Taiga Adventure Camp to reproduce the likeness of my child (photo, video, etc) in promotional materials or publications.

I am aware that a portion of the Taiga Adventure Camp involves participation in recreation and athletic activities and that such activities involve the risk of personal injury including but not limited to broken bones and/or soft tissue damage. Any use of equipment and facilities of the Taiga Adventure Camp, and / or my child's participating in such activities shall constitute acceptance of the risk regardless of the nature of the injury.

I AGREE TO HOLD HARMLESS AND INDEMNIFY Taiga Adventure Camp, the YWCA of Yellowknife, its Regents, officers, employees, agents and volunteers from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my child's participation in the Taiga Adventure Camp.

I AGREE TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against the Taiga Adventure Camp, the YWCA of Yellowknife, its Regents, officers, employees, agents and volunteers.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST TAIGA ADVENTURE CAMP.

Signed this _____ day of _____, 2008.

Signature of Parent /Guardian

Signature of Witness

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CAMPER HEALTH FORM CONFIDENTIAL

TO BE COMPLETED BY PARENT/GUARDIAN

Camper Name _____ NWT Health Care # _____

Immunization History (Must abide by NWT Immunization requirements)

VACCINES	DATE OF BASIC IMMUNIZATION	DATE OF LAST BOOSTER
DPT/ Tetanus		
Polio		
Measles		
German Measles		
Mumps		

Health History

Detail any allergies, including to any medication (aspirin, penicillin, sulfa, etc.)?

Does your child have a seizure disorder (epilepsy)? Yes No

Does your child have diabetes Adult or Juvenile? Yes No

Has your child ever had the following diseases?

- Heart Disease: Yes No
- Lung Disease: Yes No
- Kidney Disease: Yes No
- Liver Disease: Yes No

Does your child have asthma? Yes No

Does your child wear glasses or contact lenses? Yes No

Detail any physical conditions which cause pain? Describe:

Describe any operations or serious injuries (dates):

Describe any chronic or recurring illness:

Special diet: _____

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CAMPER HEALTH FORM **CONFIDENTIAL**

List Current Medications:

Please provide specific dosage instructions IF your child will be taking medications while at camp.

Is your child menstruating? ___ Y/N If so, is her menstrual history normal? Special considerations?

Do you give permission for the camp director to administer acetaminophen (Tylenol) to your daughter?
_____ Y/N

Describe any concerns you have related to your child's **Emotional Health**:

IMPORTANT: *Please notify the camp if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.*

Camp Taiga provides limited insurance coverage for accidents and for illness incurred while attending camp. It is the responsibility of every camper's parent or legal guardian to provide for the campers own accident and health coverage beyond the limits of the camp coverage.

I hereby give permission to the physician selected by the camp director to order X- rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/ or anesthesia and/or surgery for my child as named above.

Name of Parent/Guardian: _____

Signature _____

Date _____

PARENTS/ GUARDIANS AUTHORIZATION. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities as noted by me and examining physician.

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