



# YOUTH CAMP APPLICATION

Please complete all sections of both pages of this application including the signature page. If a section is non-applicable, please note as "N/A". Medical Information contained with application is considered confidential and will only be accessed by authorized Bridges of Canada staff and emergency response personnel. Families with more than one participant must submit separate applications for each child. If you have any questions, please call us at (506) 443-9960.

Camper Name: \_\_\_\_\_ Gender: M F

Camper Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Other Sibling(s) attending this summer: \_\_\_\_\_

Name of Parent currently or previously incarcerated: \_\_\_\_\_

Is the participant child covered by Provincial or Alternative Health Insurance? Yes No

Health Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Does the participant child have any physical, emotional or behavioral concerns camp staff should be aware of: Yes No

If yes, please explain: \_\_\_\_\_

Is the participant child receiving counselling? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any serious allergies? \_\_\_\_\_

Please explain all required medications on the chart provided below. All medications must be in its original package containing all dosage requirements.

Medication	Dosage	Times	Days

Date of last tetanus shot? \_\_\_\_\_

Circle if your child currently, or in the last three months, has been affected by any of the following:

- |                  |                     |               |             |               |
|------------------|---------------------|---------------|-------------|---------------|
| Heart Condition  | Severe Stomach Ache | Sleep Walking | Chicken Pox | Measles (Red) |
| Measles (German) | Eating Disorder     | Drug Use      | Pink Eye    | Depression    |
| Ear Aches        | Bedwetting          | Headaches     | Nausea      | Diabetes      |
| Hepatitis        | Allergies           | Asthma        | Fainting    | Epilepsy      |
| Anxiety          | ADHD                | Mumps         | ADD         |               |

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Phone Daytime: \_\_\_\_\_ Phone Evening: \_\_\_\_\_

Alternate Contact & Relationship: \_\_\_\_\_

Phone Daytime: \_\_\_\_\_ Phone Evening: \_\_\_\_\_

Please check the week of camp you wish for the participant to attend.

	Camp Week One	Sunday , July 3	Friday, July 8
	Camp Week Two	Sunday , July 10	Friday , July 15
	Camp Week Three	Sunday , July 24	Friday , July 29

	Camp Week Four	Sunday , July 31	Friday , August 5
	Camp Week Five	Sunday , August 7	Friday, August 12

*Exceptions with age requirements can be granted based on individual circumstances and with Corporate Office approval.*

## **W A I V E R   A N D   C O N D I T I O N S O F   E N R O L L M E N T**

1. I, the parent or guardian of the named applicant on the form, release Bar None Camp, it's trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune, or damage to the named applicant on this form or his/her property understanding that reasonable precautions shall be taken to ensure health and safety of the named applicant. Each camper must be covered by New Brunswick Medicare or equivalent medical insurance. I give permission for the named applicant to participate in the activities, but not limited to, camp field trips to Fall Brook Falls, canoeing on the Miramichi River, swimming pool, team sport events, ect.
2. The parent/guardians submitting this form are those who have legal custody of the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp including a photocopy of the section of any court order referring to visitation rights.
3. The Camp Director will work creatively and patiently with campers adjusting to the rules of a Therapeutic Community Camp. The rules are in place for safety and well-being of the campers. The Camp Director reserves the right to dismiss a camper who, in the Director's opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp.
4. The signature of the parent/guardian on this application shall give the Camp Director the right to arrange for any special services or other requirements necessary for the best interest of the camper and shall give the Camp Director the right to approve and obtain medical attention necessary for the camper's welfare and good health. In such a situation, the camp will attempt to notify the parent/guardian as soon as possible. The parent is responsible for any additional expense that may result in such services.
5. I hereby give permission for the storage and use of this information for purposes of camp. I understand that address information will be used in mailings from the camp.
6. I agree to allow photographs of the minors in my care to be taken on still, continuous film, videotape, or in any type of digital format for publication, broadcast, or posting online at any time in the future.

7. I hereby release Bridges of Canada (BOC), its agents and employees, from any liability for the use, by BOC or any media representatives or other entity, of my name, image, voice, writings, statements or opinions created by or attributed to me.
8. I have carefully read the above and all parts of the application form and accept the waivers, conditions, and policies of Bar None Camp.

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(Signature of parent/legal guardian)

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(Date)

Completed applications can be emailed, faxed or mailed to the below contact information by **Monday, June 20, 2016.**

**Bridges of Canada, Inc.**

**440 York Street**

**Fredericton, NB E3B 3P7**

**(506) 443-9960 (year round)**

**(506) 369-1091 (direct line to camp – summer months only)**

**(506) 443-9969 fax**

**[barnone@bridgesofcanada.com](mailto:barnone@bridgesofcanada.com)**