

# CAMP WEGESEGUM REGISTRATION FORM 2008

Send along with a self addressed stamped envelope to  
Camp Wegesezum Registrar  
c/o Judith MacManus  
94 Cranberry Head Rd.,  
Chance Harbour, N.B.  
E5J 2B5

Camp Applied for: \_\_\_\_\_ Cabin Mate: \_\_\_\_\_

Camper's name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_ Expiry: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Has the camper had a tetanus shot in the last 5 years?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does the camper require special medical attention or treatment (prior existing condition, allergies, medications, etc.) Yes: \_\_\_\_\_

## In case of emergency while at camp please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work #: \_\_\_\_\_ Other: \_\_\_\_\_

Name of 2nd Contact: \_\_\_\_\_

\_\_\_\_\_

## To the Parent/Guardian

I believe my child to be medically fit to undertake all normal camp activities. I also certify that I will not bring my child to camp if he/she has

I hereby give permission to the Camp Director or designate to authorize such medical treatment for my child as deemed necessary by authorized hospital emergency room personnel or a licensed practitioner.

If rules are not followed, parents will be notified and the camper may be asked to leave.

\_\_\_\_\_ to ensure the good welfare and protection of the applicant camper, CAMP WEGESEGUM, its DIRECTOR, STAFF, BOARD OF DIRECTORS and off site employees, are hereby \_\_\_\_\_ in the event of any accident or misfortune that may occur to the applicant camper.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date: