



Registration Form

Please indicate your first and second choice of camp you wish to register for:

First Choice		Second Choice	
<input type="checkbox"/> July 4 - 8	Ages 14-18 LIT Training/Teen Camp	<input type="checkbox"/> July 4 - 8	Ages 14-18 LIT Training/Teen Camp
<input type="checkbox"/> July 11 - 15	Ages 6-7 "Into the Wild"	<input type="checkbox"/> July 11 - 15	Ages 6-7 "Into the Wild"
<input type="checkbox"/> July 18 - 22	Ages 11-13 "Superheroes"	<input type="checkbox"/> July 18 - 22	Ages 11-13 "Superheroes"
<input type="checkbox"/> August 1 - 5	Ages 6-7 "Imaginarium"	<input type="checkbox"/> August 1 - 5	Ages 6-7 "Imaginarium"
<input type="checkbox"/> August 8 - 12	Ages 8-10 "Superheroes"	<input type="checkbox"/> August 8 - 12	Ages 8-10 "Superheroes"
<input type="checkbox"/> August 15 - 19	Ages 11-13 "Myths and Legends"	<input type="checkbox"/> August 15 - 19	Ages 11-13 "Myths and Legends"

Camper's Information:

Camper's First Name:		Camper's Last Name:	
Date of Birth:		AB Health Care #:	
Home Address:		City:	
Province:		Postal Code:	
Male / Female:		Age:	

Parent/Guardian #1:

First Name:		Last Name:	
Relationship to Camper?		Does the camper live with you?	
Home Phone #:		Work Phone #:	
Cell Phone #:		Email address:	

Parent/Guardian #2:

First Name:		Last Name:	
Relationship to Camper?		Does the camper live with you?	
Home Phone #:		Work Phone #:	
Cell Phone #:		Email address:	



Which of the following organizations does your child attend?

- Boys and Girls Club Big Brothers and Big Sisters
 Neither

Has your child attended Camp Discovery in the past?

- Yes No

What is your child's cultural background?

What languages are spoken at home?

Can your child speak and understand English comfortably?

- Yes No

What are your child's favorite things to do (Example: sports, games, arts and crafts, singing, hobbies, etc)?

Can your child swim? How would you describe their swimming abilities?

Are your child's friends mostly:

- Same age? Older? Younger?

Are your child's eating habits:

- Light? Average? Hearty?

Does your child have any dietary restrictions? If so, what are they? (vegetarian, no pork, etc)?

Does your child have any serious fears (water, darkness, etc)? If so, what are they?

Does your child get homesick easily?

- Yes No

Does your child wet the bed?

- Yes No

Does your child sleepwalk?

- Yes No

Please provide any other pertinent information you think will help up in providing a positive experience for the camper, such as personality development issues, dealing with misbehavior, school history, ADD/ADHD, menstruation concerns, tantrums, difficulty listening, oppositional?



Are there any special family situations that we should be aware of (recent divorce, death, placement in foster care, etc)?

Do you have any advice regarding your child, to help make their time at Camp Discovery more successful (personal habits, physical or emotional needs, etc)?

We will be taking pictures at Camp Discovery throughout the summer that may be used in the future for promotional purposes. Do you allow for pictures of your child to be used by the Boys and Girls Big Brothers and Big Sister of Edmonton and Area for promotional purposes?

- Yes No

Please indicate below one or two friends that have registered to attend Camp Discovery. THERE ARE NO GUARANTEES, but if possible we will try to place you in the same camp and or cabin with your friends.

Friend: _____

Friend: _____



Waiver of Liability:

By signing this form, I acknowledge the following:

1. I have carefully reviewed this registration package. I understand the activities that are offered by the Camp and the risks involved in those activities. I understand that my child will be taking part in those activities unless I have clearly indicated on the Camper Medical Form that my child should not take part in an activity.
2. I understand the facilities and staff assistance which are available at the Camp and the limitations on what those facilities and staff can provide. As the parent or guardian of the camper, I fully accept all risks which might be entailed by a camping experience at Camp Discovery.
3. I certify that the content in this form is true and complete to the best of my knowledge.
4. I understand that for the purpose of protecting the safety and well-being of campers, the information on this form and on the Camper Medical Form will be provided to counselors and other Camp staff on a need-to-know basis. This information will otherwise be kept in confidence subject to the provisions of the "*Alberta Personal Information Protection Act.*"

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Witness Signature (18+)

Date



Camper Behavioral Contract

This form must be filled out and signed by the camper and the camper's parent or guardian before registration will be confirmed.

Camp Discovery is a program of the Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area and as such it prides itself on providing children and youth with "a good place to be." We strive to achieve this through honoring the following values:

- Respect** for yourself and for others. Respect for diversity, difference and for your surroundings.
- Acceptance** of all people, regardless what they look like, what they believe in or where they are from.
- Inclusion** of everyone in all activities and programs we provide.
- Cooperation** with your peers and the Camp Discovery team.
- Fairness.** Play by the rules. Be honest with yourself and others.
- Responsibility** for yourself and your actions.

As part of making Camp Discovery "a good place to be," bullying and violent behavior will not be tolerated. Such behaviors will be dealt with accordingly and may result in campers being sent home if their behaviors do not change after consequences have been implemented.

Drugs, tobacco, alcohol or weapons of any kind will not be tolerated. Any campers caught with any of these items will be sent home immediately. The same applies for any campers caught vandalizing Camp property or stealing at Camp Discovery.

I _____ (name of camper) promise to do my best to uphold the values of Camp Discovery. I understand that negative behavior will result in negative consequences. I will do my best to contribute to a respectful and positive atmosphere while I am out at Camp Discovery.

Signature of Camper

Date

Signature of Parent or Guardian

Date



Camper Medical Form

This form must be completed and signed by a parent or guardian before registration will be confirmed.

Camper's First Name:		Camper's Last Name:	
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Health Information:

Alberta Health Care #:			
Doctor's Name:		Phone #:	
Emergency Contact #1:		Phone #:	
Emergency Contact #2:		Phone #:	
Camper's Height:		Camper's Weight:	

Will you be sending medication out to Camp with your child?
 (If yes, the Camper Medication Form included in this package must be filled out)
 Yes No

Are your child's immunizations up to date?
 Yes No

What is the approximate date of their last immunization?

Does your child have allergies?
 Yes No

If yes, what is the allergy, how do they react and how do you treat the allergy?

Allergy:		Reaction:		Treatment:	
Allergy:		Reaction:		Treatment:	

Has your child been diagnosed with any medical conditions (asthma, epilepsy, diabetes, etc)?
If yes, what is the medical condition and how do you treat it?

Medical Condition:		Treatment:	
Medical Condition:		Treatment:	

Does your child have any physical limitations (knee injuries, obesity, etc)? If yes, describe the nature and severity:

Does your child have any mental limitations (developmentally delayed, etc)? If yes, describe the nature and severity:



If socially delayed, what age range is their social development at?

Females: Has your child menstruated?

- Yes No

Females: If no, has she been informed about it?

- Yes No

Are there any activities to be restricted due to health or for any other reason?

- Yes No

If Yes, list the restricted activity:

Restricted Activity:	
Restricted Activity:	

Some of our children have diagnoses that can be challenging. In order to better serve these children and facilitate a successful week for them and others at Camp Discovery, we are asking for as much details as possible with respect to the following questions.

Has your child been diagnosed with any of the following (please check all that apply):

- ADHD ODD FASD OCD
 RAD Asperger's Autism Other: _____

Is your child currently being assessed for one or more of the above?

- Yes No

If yes, which one(s)?

What are some of the challenging behaviors that your child exhibits as a result of their diagnosis?

What are the tools used to calm down and achieve acceptable behavior?

When those tools are not enough, what are the consequences or tools used by the guardian and or teacher?



Parent/Guardian Authorization:

I attest that the medical history given in this document is accurate to the best of my knowledge. That the person herein described has my permission to engage in all prescribed Camp activities, except as noted above by me. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Program Coordinator to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named. I agree to pay any charges not covered by my medical plan (medication, ambulance ride, etc).

Parent or Guardian Name (Printed)

Parent or Guardian Signature

Date

Witness Signature (18+)

Date



Camper Medication Form

If your child is bringing any medication to camp this form must be completed and signed by a parent or guardian before registration will be confirmed.

*Any medication that is taken on a regular basis must be sent along with the child as well as specific directions on use and administration.

*Please note that all medication (prescription and over-the-counter) must be turned in to the Camp Program Coordinator upon arrival at camp.

I agree that the staff employed by the Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area may administer to my child medication that has been prescribed by their general practitioner or medication sent along by a parent or guardian (cough syrup, etc). As well I give authorization to the Boys and Girls Clubs Big Brothers Big Sisters of Edmonton and Area staff to administer the following over the counter medications if needed: Tylenol, Gravol, Benadryl.

Camper's First Name:		Camper's Last Name:	
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Please write the medication, dosage and times for each different medication.

1	Name of Medication:	
	Dosage:	
	Time (s) Given:	

2	Name of Medication:	
	Dosage:	
	Time (s) Given:	

3	Name of Medication:	
	Dosage:	
	Time (s) Given:	

4	Name of Medication:	
	Dosage:	
	Time (s) Given:	

5	Name of Medication:	
	Dosage:	
	Time (s) Given:	

Signature of Parent or Guardian

Date



Packing List

The list provided is for a 5 day camp. Please adjust accordingly depending on the length of your son or daughter's stay at Camp Discovery.

CLOTHING:

1. 3 pairs of pants
2. 3 pairs of shorts
3. 5 T-shirts
4. 2 long sleeved shirts
5. 2 sweatshirts
6. 6 pairs of underwear
7. 6 pairs of socks
8. A light jacket
9. A waterproof jacket
10. Running shoes
11. Sandals
12. Rubber boots
13. An appropriate swimsuit
14. Hat

OTHER:

1. Towel (extra for swimming if you wish)
2. Sunscreen
3. Bug spray
4. Any clothing they wish to bring for a costume if they wish to do so

BEDDING:

1. Sleeping bag
2. Pillow
3. Fitted twin sheet
4. A spare blanket

TOILETRIES:

1. Shampoo/Conditioner
2. Soap
3. Toothbrush
4. Toothpaste
5. Hair brush

Those wishing to participate in the Sweat Lodge (Ages 8 - 17) will need to bring a few extra things.

For Females:

1. A spare towel
2. A flannel gown or a T shirt and a long skirt

For Males:

1. A spare towel
2. A T shirt and long shorts

If you do not have everything on this list, don't worry. Talk to your club staff, or email our Camp Coordinator, and let them know so we can provide spare supplies at Camp Discovery.

Please do not bring any electronics to camp. This includes: iPods, MP3 players, stereos, etc. Cameras are allowed, but Camp Discovery will not be responsible if any are lost, stolen or damaged.