

Lion Max Simms Memorial Camp
PO BOX 760 Bishop's Falls NL A0H 1C0
(709) 258-5862 (709) 258-5243 1-888-MAX CAMP
E-MAIL: max.camp@explornet.com

OPEN CAMP DATE: _____ - _____

CAMPER PROFILE:

Last Name: _____ First Name: _____
Address: _____ City: _____ Postal Code: _____ E-mail: _____
Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

PARENT or GUARDIAN INFORMATION:

Primary Contact: Mr. Mrs. Ms. Relationship to Camper: _____
Last Name: _____ First Name: _____
Address: _____ City: _____ Postal Code: _____ E-mail: _____
Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

Secondary Contact: Mr. Mrs. Ms. Relationship to Camper: _____
Last Name: _____ First Name: _____
Address: _____ City: _____ Postal Code: _____ E-mail: _____
Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

All programs are funded through generous donations from Lion, Lioness and Leo Clubs, individuals, service clubs, business, government grants, and foundations. Without these donations we would not be able to offer high quality, fully accessible, recreational programs.

Photo Waiver / Release

The Lion Max Simms Memorial Camp uses photographs and videos for projects that are promotional, advertising, commercial, educational, research and/or archival in nature. As such, the camp collects on an ongoing basis individual and group photos.

I, _____, waive ownership of any photographic records taken by the Lion Max Simms Memorial Camp and agree to permit the Lion Max Simms Memorial Camp to use my image, or my child's/dependent's image, (in photograph, digital, or electronic form) for and in camp publications, posters, web-site or other media, without limitation, and agree not to make any claim for misappropriation of personality, breach of privacy, or other loss or damages against the camp in respect thereof. I also understand that the Lion Max Simms Memorial Camp may provide these photographs for use by a third party with whom the Lion Max Simms Memorial Camp may chose to associate with for marketing purposes.

I further agree to inclusion of my name or my child/dependent's name(s): yes no

Parent/Guardian Name Parent/Guardian Signature Date
(please print)

CONSENT

- I acknowledge that, to the best of my knowledge, the information on this application form is correct. I understand that this is an application for camp and does not guarantee confirmation.
- To meet your/your child/your dependent's needs, I give permission for the personal information collected in this application to be shared with the staff members who will care for me/my child/my dependent.
- All the information gathered is stored in a confidential and safe manner.

Parent/Guardian(s) Signature: _____ **Date:** _____

Camper Sponsored yes no **Please Specify:** _____

Lion Max Simms Memorial Camp
MEDICAL INFORMATION
(TO BE COMPLETED BY PHYSICIAN)

Last Name: _____ First Name: _____
MCP Card Number: _____ Age: _____
Date of Birth (yyyy/mm/dd): ____/____/____ Height: _____ Weight: _____

MEDICAL HISTORY AND/OR SPECIFIC DISABILITY:

MEDICATIONS:

DRUG NAME: _____	DOSAGE: _____
DRUG NAME: _____	DOSAGE: _____
DRUG NAME: _____	DOSAGE: _____
DRUG NAME: _____	DOSAGE: _____
DRUG NAME: _____	DOSAGE: _____

1. Allergies? (Food, medication, environmental, etc.) yes no
If so, specify: _____ **Uses an: Epi-Pen?** yes no

2. Asthma? yes no

3. Seizure Disorder/Epilepsy? yes no
Type: _____ Frequency: _____
Triggers: _____

HELP US UNDERSTAND YOUR CAMPER:

Can your camper walk without assistance? yes no

Please check (✓) all of the equipment that your camper will bring to camp:

Manual Wheelchair - requires pushing: always sometimes never
 Cane Crutch Walker Leg Brace/AFO Prosthetic Device(s)
 Communication Device(s) Hearing Aids Glasses Contact Lenses Other:

Are there any camp activities your camper must avoid? (Please specify):

DIET & EATING HABITS:

1. Diet: Regular Diabetic Vegetarian Gluten-free
Other: _____

2. Does camper have difficulty:

Swallowing Chewing Drinking No difficulties

BEHAVIOUR:

1. Does the camper have any fears/phobias? no yes

Please describe: _____

2. Does the camper have any behaviour concerns? yes no

Check (✓) if any of these types of behaviour apply to the camper:

physically aggressive verbally aggressive withdrawn/shy attaches self to adults
 temper tantrums wanders/runs away other: _____

3. Additional information that would help our staff

Physician's Signature: _____ **Date:** _____