



The Salvation Army  
 Scotian Glen Camp  
**MUSIC & GOSPEL ARTS CAMP**  
**Camper Application**  
**July 31 – August 07, 2010**



The Salvation Army Scotian Glen Camp – Registration office – RR#1 Thorburn NS B0K 1W0  
 Phone: (902) 922-2047 Phone: (902) 922-2047

**REGISTRATION  
 DEADLINES &  
 FEES**

**Early Bird Fee (Before May 31, 2010): \$200/person (tax included)**  
**Late Registration (After May 31, 2010): \$220/person (tax included)**

Registration fee includes the cost of a camper t-shirt but does not include the group picture. An extra \$15.00 must be included with the camp fee if you wish to order the group photo.

Photos must be ordered in advance so please check yes if you would like to place an order and have included the \$15.00 fee with this application. yes  No

I understand that without the completed application and health form my application is incomplete and may not be processed.

*Please Print*

<b>CAMPER</b>	First Name		Last Name		
	Age at Time of Camp	Grade in Sept 2010	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
	Health Card Number & Expiry		Birthday Day	Month	Year
	Camper E-mail		T-Shirt size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>		
	Home Phone #		Specify T-shirt <input type="checkbox"/> Youth <input type="checkbox"/> Adult		
	Has camper attended Music Camp before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when was last year attended?		
	<b>Campers must have reached their 7<sup>th</sup> birthday, or be entering grade 2 by the first day of camp and not have reached their 19<sup>th</sup> birthday. NO EXCEPTIONS PLEASE</b>				

<b>FAMILY</b>	<b>Guardian's Name (first &amp; last)</b>			Relationship to Camper
	Address	City	Province	Postal Code
	Guardian E-mail Address			Fax #
	Home Phone #	Work Phone #		Cell Phone #
	<b>Other Emergency Contact</b>			Relationship to Camper
	Address	City	Province	Postal Code
	Home Phone #	Work Phone #		Cell Phone #
	Camper Physician			Physician's Phone #

<b>Music Camp Programs * choose one stream only</b> (please bring own instruments)			
First Name		Last Name	
<b>CHECK APPROPRIATE STREAM (Auditions at Registration)</b>			
Instrumental (Brass or percussion only)	<input type="checkbox"/>	Instrument:	Worship Band (Vocal) <input type="checkbox"/>
Vocal	<input type="checkbox"/>	Specify Part:	Worship Band (Instrument) <input type="checkbox"/> Instrument:
Guitar (Beginner)	<input type="checkbox"/>		Drama <input type="checkbox"/>
Guitar (Intermediate)	<input type="checkbox"/>		

<b>Camper Participation Please check appropriate box</b>	
I would like to perform in a skit in the evening program - Yes <input type="checkbox"/>	
I would like to sing or play in the evening program - Yes <input type="checkbox"/>	
I would be willing to give my testimony in the morning praise & worship time - Yes <input type="checkbox"/>	

<b>Swimming – Must be completed</b>		
Can camper swim?	Swimming level completed:	Other (please specify)
Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Conditions of Enrollment</b>	
<p>1. The parents or guardians submitting this application, are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Scotian Glen Camp, including a photocopy of the section of any court order referring to visitation rights.</p> <p>2. The Camp Director reserves the right to dismiss a camper without refund who, in their opinion, is a hazard to the safety or the rights of others or who appears to have rejected the reasonable controls of the Camp.</p> <p>3. If camp staff deems a camper's head lice condition to be severe, the camper may be returned home.</p> <p>4. By signing the application, you acknowledge that photographs or video footage of your child may be used as promotional material.</p> <p>5. Every precaution is taken for the safety and good health of the campers. In the event of an accident or sickness, the undersigned hereby releases the Scotian Glen Camp, The Salvation Army, camp directors, staff members, employees, volunteers, and support staff from all claims. This includes demands, right of action, present or future causes of action, whether the same be known, anticipated or unanticipated.</p>	<p>6. Campers with a contagious disease cannot remain at camp.</p> <p>7. In the event that a guest requires prescribed medication at Scotian Glen Camp or requires special medication, transportation, X-ray or treatment beyond that which is possible at the Camp, the parents/guardian will be immediately notified and will be responsible for any additional expense.</p> <p>8. In the case of a medical or surgical emergency, it is understood that the undersigned hereby gives permission to the physician selected by the Director, to treat the child named on this application. This includes, but is not limited to, hospitalization, injections, anesthesia or surgery.</p> <p>9. It is acknowledged that the undersigned will leave said child at Scotian Glen Camp at their own risk. Scotian Glen Camp is not liable for any injuries sustained to said child while in, on, or about it's premises or while attending any class, exercise, or activity.</p> <p>10. It is The Salvation Army's intention to use your personal information to keep in touch with you throughout the year and to notify you of opportunities in children's ministries available near your place of residence. If you do not wish to be contacted, simply tick off this box. <input type="checkbox"/></p>

Application cannot be accepted without Signature of Legal Guardian/Parent.

I accept the conditions outlined as stated in the CONDITIONS OF ENROLLMENT

\_\_\_\_\_  
Signature of Legal Guardian or Parent

<b>CUSTODY &amp; RELEASE NOTATION</b>
If Yes, explain:
Will you permit other people to pick up your child from camp? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list people who have your permission to pick up your child from camp:

**To be completed by Corps / Ministry Unit**

Ministry Unit Name: \_\_\_\_\_ Signature Designate \_\_\_\_\_  
Endorsement indicates the unit's full responsibility for fee

# MUSIC & GOSPEL ARTS CAMP 2010

## Health & Medical Form

The Salvation Army Scotian Glen Camp – Registration office – RR#1 Thorburn NS B0K 1W0  
 Phone: (902) 922-2047 Phone: (902) 922-2047

*PLEASE NOTE: Before we can register your child, this form must be completed, signed and sent along with your application form. Physician's report is not required but may be sent in addition to this form, if available.*

Please Print

<b>CAMPER</b>	<b>First Name</b>	<b>Health Card Number and Expiry Date</b>	
	<b>Last or Family Name</b>	<b>Additional Insurance – Policy number</b>	
	Home Phone #	Gender Male <input type="checkbox"/>   Female <input type="checkbox"/>	
	Age as of August 1, 2010		

<b>Emergency Contact</b>	Please complete as much as possible		
Parent(s) or Guardian(s) Names	Other Emergency Contact		
Home phone #	Home phone #		
Work phone#	Work phone #		
Cell phone #	Cell phone #		
Fax #	Fax #		
Email	Email		
Physician Name	Physician's Phone #		

The Health History must be completed. For legal reasons this form needs to be filled out by the legal guardian or parent. Incomplete forms will be returned and registration postponed until a completed form is submitted.

<b>Allergies</b>	Please indicate ALL ALLERGIES and give details or treatment		
Allergic to: (please specify)	Reaction (please specify)	Severity (mild, medium, severe)	Treatment/medication required
A) Medication:			
B) Foods:			
C) Insects:			
D) Environmental			
E) Other			

**If any allergies are severe:**

- A) Does the camper carry an:  ana kit? Or  epipen?  
 B) Does the camper know how to use an:  ana kit? Or  epipen?

**DIETARY RESTRICTIONS** – other than food allergies indicated on the allergy profile: \_\_\_\_\_

<b>Medication</b>	If your child is taking medication please complete each column below:		
Condition	Name of Medication	Dosage	When taken

<b>Immunizations</b>	Have the following immunizations been received?	
(Diphtheria, Pertussis, Tetanus)	Hepatitis B	Diphtheria
(OR)TD (Tetanus & Diphtheria)	Tuberculin test-negative	Tuberculin test-positive
Tetanus Only	Measles/Mumps/Rubella	Chicken Pox
Polio	Whooping cough vaccine	

**MAGA CAMP HEALTH & MEDICAL FORM** (Continued)

Medical Profile		Please check the following that your child has experienced or is experiencing.			
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting	<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Serious injury-recent	
<input type="checkbox"/> Bed-wetting	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nose bleeds	<input type="checkbox"/> Sleepwalking	
<input type="checkbox"/> Contagious disease - exposure	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Homesick	<input type="checkbox"/> Surgery-recent		
<input type="checkbox"/> Urinary tract infection - recent	<input type="checkbox"/> Homesickness				

Please attach a note giving details of the above if necessary and any additional information you feel the Camp Directors should know or that will require attention. If your child has a medical condition, we will need a letter from your Doctor stating the applicant is capable of attending.

**Attached Note:**  Yes  No

Please Note that campers cannot come to Scotian Glen Camp with a contagious diseases, this includes head lice.

CAMPER PROFILE		We are interested in providing the best camp experience possible for your child. At Scotian Glen, most of the activities take place outdoors. To assist us, please check which characteristics would best describe your child.			
<input type="checkbox"/> Shy with others his/her age	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Makes friends easily	<input type="checkbox"/> Happy		
<input type="checkbox"/> Has difficulty keeping friends	<input type="checkbox"/> Nervous	<input type="checkbox"/> Easy going	<input type="checkbox"/> Well coordinated		
<input type="checkbox"/> Prefers passive activities	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Tires easily	<input type="checkbox"/> Athletically inclined		
<input type="checkbox"/> Enjoys competitive sports	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Emotional	<input type="checkbox"/> Shy with adults		

To the best of my knowledge, my child is in good health. If my child is exposed to any INFECTIOUS DISEASE within FOUR (4) weeks prior to leaving for Scotian Glen Camp, I will notify the registration office.

I hereby give permission for my child to receive basic non-prescription remedies (i.e., Tylenol, cold medicine, Hydrogen Peroxide, Head Lice treatment, etc.) if deemed necessary by the Camp First Aid Provider. **Note: If Camp Staff deems Head Lice condition to be severe, camper may be required to return home.**

I hereby give permission for my child to be administered prescription drugs by the Camp Health Care Provider - as listed on the medical form.

If my child has a medical emergency I give permission to have the Camp Director refer my child to hospital for treatment and to transport my child to the medical facility. I also understand that the Camp Director will try to keep me informed of any emergency plans by phoning me either at home, work or other emergency contact as noted under Emergency Contact information.

Date: \_\_\_\_\_ Signature of Legal Guardian/Parent: \_\_\_\_\_

FOR CAMP USE ONLY

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

Treatment: \_\_\_\_\_

Parents Notified? Yes:  By Phone  By letter Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Parents not notified: Comments/Reason: \_\_\_\_\_

Nurse signature: \_\_\_\_\_

Camp Director signature: \_\_\_\_\_