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| Lady Ballers Logo 2.jpg |
| 2017 CAMP APPLICATION |

Please complete the application form below to apply for Lady Ballers Camp’s 2017 summer season. This form should be completed for campers. Applying does not guarantee enrolment.

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| CAMPER’S INFORMATION |
| Child’s First Name: | Child’s Last Name: |
|  Age:  | Birth Date: |
| Address: | Suite/Apt. #: |
| City: | Province:  | Postal Code: |
| Home Phone Number: | Current Grade: |
| Name of School: |

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| PARENT / GUARDIAN INFORMATION #1 |
| First Name: | Last Name: |
| Relationship to Child: Mother Father Guardian Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone: | Work Phone: | Cell Phone: |
| Address: | Suite/Apt. #: |
| City: | Province: | Postal Code: |
| Email Address: |

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| PARENT / GUARDIAN INFORMATION #2 |
| First Name: | Last Name: |
| Relationship to Child: Mother Father Guardian Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone: | Work Phone: | Cell Phone: |
| Address: | Suite/Apt. #: |
| City: | Province: | Postal Code: |
| Email Address: |

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| HEALTH INFORMATIONPlease answer the following questions regarding your child. L.B.C. uses this information to ensure that your child has the appropriate supports at camp to be successful. |
| Does your child have any life threatening allergies? Yes No |
| If YES, please explain: |

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| ADDITIONAL INFORMATION |
| How did you hear about Lady Ballers Camp?  |
| Facebook Print Advertisement Twitter  |
| H.J Alexander School Website Other  |
| Through a school Through A Friend/Family |
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| CAMP FEES |
| Please indicate whether you would like to contacted regarding Yes No a payment plan option for your camp fees |
| Please indicate whether you will be requesting Yes NoScholarship  |

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| MEDICAL INFORMATION |
| Date of last complete medical examination:  |
| Date of last tetanus immunization: |
| Is your daughter/ward allergic to any drugs, foods or medication/other? Yes No |
|  If yes, provide details: |
| Does your daughter/ward take any prescription drugs? Yes No  |
| What medications should the camper have on hand during physical activity? |
| Who should administer the medication? |
| Does your daughter /ward wear a medical alert bracelet? Neck Chain Medical Alert Card |
| Please indicate if your daughter/ward has been subject to any of the following and provide pertinent details: |

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| Does your daughter/ward have any of the following (check all that apply):  |
| ADD/ADHD Learning Disability  |
| Epilepsy Diabetes |
| Autism Spectrum Disorder History of Abuse/Domestic Violence  |
| Mental Health Concerns Other: |
| Does your daughter/ward have any of the following (check all that apply):  |
| Orthopedic Problems Deaf/Hard of hearing Headaches  |
| Asthma Allergies Hernia |
| Back Conditions/Injuries Arthritis/Rheumatism Swollen or Hyper Mobile Joints  |
| Chronic Nose bleeds Fainting Trick or Lock Knee |
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| ELEMENTS OF RISK NOTICE |
| The risk of injury exists in every physical activty. These injuries result from the nature of the activity and can occur without fault on either the part of the camper, the Lady Ballers Camp staff and volunteers or the facility where the activity is taking place. The chances of an injury occuring can be reduced by carefully following instructions at **all** times while engaged in the activity. Lady Ballers Camp attempts to manage as effectively as possible the risk involved for campers while participating in physical activities. |
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| **ACKNOWLEDGEMENT OF RISKS/REQUEST TO PARTICIPATE/INFORMED CONSENT AGREEMENT:**I/We have read and understand the elements of risk.I/We agree that the Lady Ballers Camp, its employees, volunteers or funders shall not be liable for any injuries to my child/ward or loss of or damage to any personal property arising from or in any way resulting from participation in any activities.Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PLEASE RETURN ALL FORM AS SOON AS POSSIBLE |

In Submitting This Application, I agree to the Following:

* That my child can participate in all camp activities and supervised trips not on camp property.
* To provide the camp with a completed health form, authorized pick-up form and payment if my child is accepted.
* That my child is authorized to eat/drink all meals or snacks provided by the camp, unless otherwise notified by me.
* That the camp reserves the right to photograph and/or videotape all camp programs and use the images for promotional purposes, unless notified by the parent/guardian in writing on or before the first day of camp.
* That I understand that I will not receive a refund for any days my child is absent from camp.
* That the camp reserves the right to terminate the registration of any camper if, in the camp`s discretion, it is determines that such termination is to be in the best interest of the camper or the camp
* That my child`s referee can provide information to complete the recommendation form and that the camp can contact the referee to obtain further information if required.
* That the information in the camper application is true and correct.
* That I am the legal guardian/parent for the camper applying to Lady Ballers Camp and I am authorized to submit this application form for this child.

In signing this form, you are ensuring that all answers are completed to the best of your knowledge. Please note that incomplete forms may not be processed and forms are reviewed on a first come, first served basis. Camp applications will not be processed until a Recommendation Form has been submitted to the camp office.

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Parent/Guardian Signature Date

www.ladyballerscamp.org

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