

## Rock Lake United Church Camp Registration Form - All Camps

Please submit this form along with payment to:

Rock Lake United Church Camp  
Box 395  
Crystal City, MB ROK 0N0

Camper's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  Cell Phone  Home  Other

Email: \_\_\_\_\_  
I prefer to receive correspondence by:  Mail  Email  Both

Optional:  Please add me to the RLUCC Email List for updates, promotions, and more!

Camp Period Chosen: \_\_\_\_\_  
Amount Enclosed\*: \_\_\_\_\_ I would like bunk with: \_\_\_\_\_

\*Note: An \$80 deposit is required for all camps. Parent & Tot Registration must be paid in full.

**Preliminary Medical Form** - a more detailed medical form will be sent to you.

Name: \_\_\_\_\_  
Family Health Card Number (6 Digit): \_\_\_\_\_  
PHIN (9 Digit): \_\_\_\_\_

**Does the camper have\*\*:**

Allergies? Explain: \_\_\_\_\_

Special dietary needs?: \_\_\_\_\_

Any other medical problems? \_\_\_\_\_

Any concerns regarding physical health? \_\_\_\_\_

Any concerns regarding mental health/mental illness? \_\_\_\_\_

\*\*if more space is required please attach an extra sheet

To the best of my knowledge, my child is in good health. I will notify the camp if my child is exposed to infectious disease during the three weeks prior to camp. In the case of medical emergency, I understand that every effort will be made to contact the parents/guardians. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Coordinator and First Aid Attendant or designate to hospitalize, secure proper treatment, order injection, anaesthesia, or surgery for my child as named above. In the event medication, medical advice, treatment, and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/or Medical Insurance.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Numbers:

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

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

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

I  give/  do not give permission for Rock Lake United Church Camp to use my child's picture for promotional purposes/online. Please visit <http://www.rocklake.com/privacy> for more information regarding our publicity policies.