



## FAMILY, MOTHER & DAUGHTER, or PARENTS & KIDS Campers ONLY - Additional Information

Please list the name, birthdate, and sex of each other person in the same family who will be attending this camp (family or mother & daughter/son):

Name	Birthdate (MM/DD/YY)	Sex
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Name	Birthdate (MM/DD/YY)	Sex
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Name	Birthdate (MM/DD/YY)	Sex
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Name	Birthdate (MM/DD/YY)	Sex
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Name	Birthdate (MM/DD/YY)	Sex
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## LADIES CRAFT Campers ONLY - Additional Information

What kind of **project** will you be working on?

- Quilting
- Paper crafts
- No-sew projects
- Scrapbooking
- My own thing

Which of the following **classes** are you interested in?

- Quilting classes
- Paper crafts classes
- No-sew projects classes
- Scrapbooking classes
- Digital scrapbooking classes

Indicate other needs/requirements:

- I need an electrical outlet
- I am bringing my own sewing machine
- I would like to have a horseback ride (\$15 extra)

## ALL Campers - Payment Information

**Summer Camps - Option 1:** (if applying **before April 30**) A non-refundable, non-transferable deposit of \$75 must accompany registration (cheque or money order only). The balance must accompany registration (cheque post-dated April 30).

**Summer Camps - Option 2 and all Weekend Camps:** The total camp fee must accompany registration (cheque, money order, Mastercard, or Visa).

**Family Camps:** A non-refundable, non-transferable deposit of \$25 per paying applicant must accompany registration (cheque, money order, Mastercard, or Visa). The balance is due one month before camp start date.

**Credit Card Payment** (if paying by credit card, the total fee will be charged with registration):

**Card Type:**     Visa     Mastercard    **Expiry Date:**    \_\_\_\_ / \_\_\_\_

**Card Number:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Camp Fees:**

Total Camp Fees	\$ _____
+ 12% HST	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>

**Pre-ordered Items (summer camps only):**  
(DVD and Combo are for overnight camps only)

Photo	___ @ \$9 =	\$ _____
DVD	___ @ \$15 =	\$ _____
Combo	___ @ \$22 =	\$ _____

**Donations** (optional):

Campership Program	\$ _____
Building Program	\$ _____
General Operations	\$ _____

**TOTAL:**

Amount Owing	\$ _____
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## Cancellation Policy and Refunds

In the event of cancellation, refunds will be made according to the following schedule (percentage is of total camp fee):

Time of Cancellation	Amount of Refund
More than 4 weeks before camp start date	Camp fee less \$75 (camp fee less \$25/paying applicant for seasonal camps)*
1-4 weeks before camp start date	50% refund (without physician's note in unavoidable situations)*
Less than 1 week before camp start date	No refund (without physician's note in unavoidable situations)*

\* The \$25 or \$75 is not refundable in any circumstance. See full policy at [www.timberlineranch.com](http://www.timberlineranch.com).

**I have read and understood the cancellation policy.**

## Parent's or Guardian's Declaration (or camper over 18 years old)

I hereby release Timberline Ranch Society, its board members, staff, and sponsors from responsibility and liability for any injury or illness that this applicant may sustain during this activity. In the event of an emergency, if I am unable to be contacted, I hereby authorize an adult leader of Timberline Ranch, as an agent for me, to consent to any X-ray examination, medical or dental treatment, or hospital care advised and supervised at a licensed facility under the law of the province. Timberline may use photographs or video images of the applicant for promotional purposes.

Signature: \_\_\_\_\_

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

**ALL Campers - Medical Information for EACH camper**

Camper's Last Name	Usual First Name
Birthdate (MM/DD/YY)	Personal Health Number (Care Card)
Doctor's Name	Doctor's Phone

**Important Notice**

A separate medical form **must** be completed for **each** camper.

All campers must be covered by BC Medical Services Plan or equivalent policy.

International campers must supply written proof of coverage with this form.

Allergies (to drugs, food, animals, etc.). Be specific. ..... ..... .....	Reaction/Severity ..... ..... .....	Treatment/Medication Required ..... ..... .....
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Please check here if camper carries: <input type="checkbox"/> ANA kit ..... <input type="checkbox"/> Epipen ..... <input type="checkbox"/> Medic alert bracelet	Does camper know how to use it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Immunization History Has the camper received all immunizations required by public health? (if no, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No ..... Date of last tetanus (MM/DD/YY) .....
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General Health Issues Please indicate if any of the following conditions apply to the camper. Please explain treatments of any health conditions indicated above.	<input type="checkbox"/> Ear aches <input type="checkbox"/> Head aches <input type="checkbox"/> Stomach aches <input type="checkbox"/> Sore throat <input type="checkbox"/> Sinus infections	<input type="checkbox"/> Depression <input type="checkbox"/> Emotional concerns <input type="checkbox"/> Homesickness <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting	<input type="checkbox"/> Eating disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Bronchitis <input type="checkbox"/> Arthritis <input type="checkbox"/> Seizures	<input type="checkbox"/> Skin conditions <input type="checkbox"/> Heart conditions <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Asthma (bring all medications)	<input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Fetal alcohol syndrome <input type="checkbox"/> Other: _____
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Name of medication	Dosage	When administered	Reason for taking
Please list any medications that the camper is currently taking.			
Bring medications to camp in a pharmacy bottle with name, medication, and dosage information clearly visible.			
<b>NOTE: All medications must be turned in to the camp nurse at registration.</b>			

Please list any dietary issues (other than allergies listed above) .....

Please list any recent illnesses, injuries, or operations .....

Please list any activities that should be limited while at camp (or any physical limitations), and the reasons why .....

Does the camp's medical personnel have your permission to administer over-the-counter medications to your child, as required? (such as Tylenol, antihistamine, antacid, etc.)    Yes    No

**Parent's or Guardian's Declaration (or camper over 18 years old)**

- In the case of medical or surgical emergency, I understand every effort will be made to contact the parents or guardians listed on this form. In the event that none can be reached, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, or order anesthesia or surgery for the above named camper.
- In the interest of health and safety, I give permission for this health information to be shared with appropriate camp staff or outside medical personnel
- I will notify the camp if the applicant is exposed to an infectious disease during the three weeks prior to the start of camp.
- To the best of my knowledge, the applicant is in good health and is physically able to participate in all camp activities, except as noted above. I will notify the camp if any of the above information changes prior to the start of camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_