

MEDICAL HISTORY

To be completed by parent or guardian. If more room is required please attach a separate sheet.

All this information is important to ensure the health of the camper and is essential in case of an emergency!

Camper's Health Care Number _____

Please list all current medications including prescriptions and over-the-counter, herbal and supplements and any history of street drug use.

Drug	Frequency of use	Reason for use
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Please send all of camper's medications with him/her or with a responsible adult to be turned over to the camp nurse on arrival at Camp Paradise.

Allergies (Please specify and list reactions)

Food:

Drug:

Environmental:

No known allergies

Please list all past or present medical conditions, including any hospitalizations, surgeries or injuries.

Is there recent history of homesickness, bedwetting or sleepwalking?:

Is there any other treatment or information that you think we should know?

CAMP PARADISE BIBLE CAMP 2019



Camp Paradise is located in Paradise Gardens NWT on the Hay River, midway between Hay River and Enterprise. The camp is easy to locate. Just drive to the end of the road in Paradise Gardens and you will be at the camp.

2019 is a new year of excitement and anticipation. We desire spiritual growth for all.

- **July 1 to 5.** Spiritual Growth Camp. (Ages 13 and up) For Christians to grow stronger. Conrad Santa Junior and his wife Sheyllar.
- **July 8 to 12.** Children Camp 1. (Ages 8 to 12) Pastor Conrad and Maureen Santa are the evangelists.
- **July 15 to 19.** Children Camp 2. (Ages 8 to 12) The Santas will lead us again in a week of sports, food, friends and building relationships.
- ~~July 23 to 27.~~ Sorry teen camp has been cancelled for this year due to leaders travelling north. Please come back next year.

Cut and keep this side
Cut and send in this side

Please bring:

- Sleeping bag or blankets
- Modest swimsuit
- Personals: soap, toothbrush, comb, towel, etc.
- Bible, pen or pencil
- Enough clothes for a week (for both rain and sun)
- Bug spray and bug jacket if possible
- Hiking boots or sturdy shoes
- Required medications to turn in to camp nurse

Optional

- Camera
- Ball glove

Leave at home:

- Games, playing cards, comic books and magazines
- Tobacco, drugs, alcohol.
- Valuables you might lose.

Mailing address: 262 Paradise Road
Hay River, NT, X0E 0R4

Camp Phone (867) 874-3655

Contact Jim or Jerrilyn Forsyth (867) 874-3655

Fax (toll free) (866) 730-3928

Email info@campparadise.ca

Web www.campparadise.ca

You can register online at www.campparadise.ca or else send registration form by mail, fax, email or in person.

Register early because camp size is limited.

Application Form (or else apply online at www.campparadise.ca)

Name _____ Birthday _____
dd/mm/yy

Address _____ Town _____ Postal Code _____

[] Boy [] Girl Phone (____) _____ Email _____

Which camp to attend? _____

Parent or Guardian Name _____ email _____

Emergency Contact

Same as above [] or _____

Emergency Contact Phone (____) _____ Relationship _____

Cost: Registration \$125

Registration amount : \$ _____

Store (max \$50) \$ _____

Total Enclosed: \$ _____

Medical Release: I give permission for the camp nurse/director to administer the required medication to my child and hereby relieve the nurse, director and camp from liability. In case of an emergency, I hereby give permission to the physician selected by the nurse or director to provide medical treatment to my child.

Child's name Signature of parent/guardian Date

General Release: I hereby voluntarily permit and release my child to attend Camp Paradise and participate in all its activities. I agree pictures of my child may be used in advertising and promotion. I am informed of the activities offered by Camp Paradise. I hereby give permission for my child to voluntarily participate in activities such as soccer, baseball, swimming archery, canoeing, ropes, obstacle course and other camp activities that involve dangers and risks. I agree that Camp Paradise, a nonprofit corporation, its officers, staff, employees and volunteers will not be liable for personal injury, death, damage or loss of property to my child.

(Parent's or legal guardian's signature) _____