

MEDICAL INFORMATION

Doctor: _____
Phone: _____

Health Care # _____

* Does the camper have any medical conditions, behavioral concerns that we should be aware of?

*Does the camper have any behavioral or emotional concerns that we should be aware of?

* Does the camper have any allergies? (Please explain in detail the reaction your child has)

Does your child have any food sensitivities? (Please explain in detail the reaction your child has)

* List any medications that your child takes:

(* Attach another sheet if necessary)

All prescription medications must be supplied by the family, in their original container with clear administration instructions and handed directly to the camp nurse.

If your child requires an EpiPen this needs to be provided by the parent(s). Also include a note for the Camp Nurse outlining why they need it.

I grant the designated CAMP NURSE permission to give my child these over the counter medications if necessary. (Please check off all medications you will allow your child to have)

Cough syrup (no codeine) Decongestant
 Tylenol (or generic brand) Pepto Bismal
 Gravol Throat Lozenge EpiPen
 Benadryl Ibuprofen Calamine lotion

FEES

Basic Camp Fee: \$170.00

*Government Cheque or cash only (**make cheque payable to Extreme Outreach**)

*(see attachment for Government Funding)

We would really like every child to have the camp experience. If you are in need of financial assistance please contact Extreme Outreach

Please forward completed Registration and Release forms with payment to:

The Extreme Outreach Office
999 McKenzie Avenue
Victoria, BC, V8X 3G8

**Deadline to register with payment is
June 13, 2008**

(Registrations will be limited to the first 70 applications received)

For more information contact our office:
Phone: 250-384-2064 / Fax: 250-386-2064
Email: office@extremeoutreach.com



Camp Barnard
Owned by
Scouts Canada

Extreme Outreach Society

To learn more about Extreme Outreach and our Statement of Faith please contact us at 250-384-2064 or view our website www.extremeoutreach.com

SUPER KIDS CAMP



Ages 6-11

COME JOIN US !!

July 7-11, 2008

WHERE:

CAMP BARNARD- IN SOOKE, BC.

"EXPERIENCING GOD IN A FUN WAY"



999 McKenzie Ave.
Victoria, BC V8X 3G8
Phone: 384-2064

PICK UP: July 7/08 (Monday)

Tsawout 9:00 am
North Douglas: 9:30 am
Evergreen Terrace: 10:00 am

DROP OFF: July 11/08 (Friday)

Tsawout 1:30 pm
North Douglas: 2:00 pm
Evergreen Terrace: 2:30 pm

GEAR

GENERAL

- Bible (if you have one)
- Sleeping bag or bedding, pillow
- Duffle Bag /Suite case
- Mosquito repellent
- **HAT & SUNCREEN**

CLOTHING

- **RUNNERS**
- Sandals
- Light jacket and sweater
- Rain gear
- Shorts
- Shirts
- Pants
- Socks
- Underwear
- Pajamas
- Swimwear

TOILETRIES

- Toothbrush & paste
- Soap in plastic container
- Shampoo
- Facecloth
- Towel
- Comb/brush

Please Label Your Child's Belongings

DO NOT BRING:

Money, Electronic Devices (portable stereos, cell phones, iPod's, MP3 players, Game Boy, etc.), any pets, illegal drugs, alcohol, cigarettes, or weapons (including pocket-knives).

SUMMER CAMP 2008 REGISTRATION FORM

Camper's full name _____

Address _____

City _____ Prov. _____ P.C. _____

Email _____

(Confirmation of registration will be sent via e-mail where possible.)

Sex: ___ Male ___ Female

Birthday: D___ M___ Y___ Age: ___

Height: _____ Weight: _____

Swimming Ability: ___ Must wear life jacket
___ Can swim in water over head

Parent(s)/Guardian(s):

Home: _____ / _____

Cell: _____ / _____

Work: _____ / _____

Emergency Contacts:

(Must be from a different address than your own)

Name: _____

Phone: _____

Name: _____

Phone: _____

PLEASE READ CAREFULLY

MEDICAL RELEASE

I authorize the administration of any first aid treatment necessary at SuperKids Camp for my child. In the case of a medical emergency I authorize my child to be transported by designated leaders or arrange for transportation to the nearest medical or hospital facility. In such an emergency I hereby give permission to the physician involved to secure proper treatment for my child. In the event extraordinary transportation or medical treatment is required, I agree that Extreme Outreach cannot accept the financial responsibility. I expect to be contacted as soon as possible.

LIABILITY WAIVER

I understand that Extreme Outreach is a Christian organization and that my child will be receiving Bible teaching at Super Kids Camp. Extreme Outreach reserves the right to dismiss a child who in his opinion is a hazard to the safety and the rights of others, or who appears to have rejected the camp rules as directed by the designated camp leaders. **A child who must be sent home due to disciplinary action or home sickness will be driven home to the parent(s) or designated emergency contact.** No refund will be given for a dismissal due to disciplinary action, home sickness, late arrival or early departure. I am confident that Extreme Outreach staff will do their best to give my child the necessary support and supervision needed and I understand that the safety and health rules will be observed. To the best of my knowledge, my child is in good health and physically, emotional, and socially able to participate in all camp activities. I give my child permission to participate in all camp activities. If my child is not physically, emotionally or socially able to participate in all camp activities, I understand that Extreme Outreach does not have the people for one on one with my child and they may be unable to attend camp. I give Camp staff permission to transport my child from Victoria to Camp Barnard, located in Sooke. I hereby release Extreme Outreach Society and its personnel from all claims and damages arising from any accidents or injury caused by my child's participation in the camp program or by transportation to and from camp. **Extreme Outreach is not responsible for lost, stolen, or damaged items during my child's participation at camp.** I agree that photos or video of my child taken at SuperKids may be used in future Extreme Outreach and/or SuperKids promotional material. If I am not in agreements with this, I will give a written notice to Extreme Outreach that the photos and videos are not be used for this purpose. The parent/guardian submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp including a photocopy of the section of any court order referring to the visitation rights.

Signature of Parent(s)/Guardian(s) having custody

Signature

Signature

Date