

J.T.C. MEDICAL INFORMATION

Child's name _____

Doctor _____ Doctor's Phone _____

1. Does your child have any allergies? NO ____ YES (please specify) (Ask for special form for campers who carry an epi-pen)

2. Is your child on any medication? NO ____ YES (please specify)

3. Does your child have any PHYSICAL, EMOTIONAL, MENTAL, OR BEHAVIOURAL challenges? NO ____ YES (please specify)

IMPORTANT NOTE: IN CASE OF ILLNESS OR INJURY

Every effort will be made to contact parents. It is understood that by permitting my child to attend Join the Cast Day Camp, I am agreeing that Calvary Baptist Church/Join the Cast Day Camp, and anyone acting on its behalf, will be released from any liability for injuries to my child that may be occasioned at the camp, and that I give permission to the Church Staff, Director and Assistant Director of Join the Cast Day Camp to make decisions in case of an emergency on behalf of my child when I am not immediately available for consultation.

- * All medical information about the camper must be completed on the application form.
- * A camper who brings medication to camp must hand it in at the camp office as soon as he/she arrives at the church.
- * All medication must be kept in the camp office to safeguard loss and to keep it out of the reach of other campers with the exception of epi-pens which need to be in a 'fanny pack' on the child's person or with the group leader.
- * By sending us the child's medications we assume that you are giving consent to administer them according to directions.
- * All medication must be clearly marked for:
 - a) name of camper
 - b) name of medication
 - c) dosage
 - d) how often it must be administered.

PLEASE NOTE: IF THE ABOVE REQUIREMENTS ARE NOT MET THE MEDICATIONS WILL NOT BE ADMINISTERED.

PHOTOGRAPHS: From time to time photos of the children are taken for promotional purposes.

To decline use of photo's please check this box .

CONDITIONS OF ENROLMENT:

1. The camp directors reserve the right to dismiss a camper who in his/her opinion is a hazard to the safety and the rights of others, or who appears to him/her to have rejected the reasonable controls of the camp.
2. The parents or guardians submitting this application are those having legal custody or guardianship over the child. Foster children require the signature of the CAS worker for attending camp, attending outings and medical forms.
3. I have read each page of this application form and I accept the conditions of enrolment.

Parent/Guardian's Signature _____ Date _____

(Note: foster children require CAS case workers signature)

Mail application to:

Calvary Baptist Church
300 Rossland Rd. East, Oshawa, Ontario L1G 2X1

OR drop it off at the church office (Office hours: Mon – Fri, 9 am - 5 pm).

JTC 2019: WORKSHOP SIGN UP SHEET

NAME: *(First / Last)* _____ GRADE: _____

Campers will participate in **four (4)** workshops throughout the day and will be placed in workshops on a **first come first service basis**. Therefore, **please select your workshops based on order of preference, '1' being your first choice.**

Completed Grade 3, 4, or 5 in June

WORKSHOP A	Dance	Drama	Crafts	Drums
PREFERENCE				

WORKSHOP B	Cooking	Drama	Woodworking	Crafts
PREFERENCE				

WORKSHOP C	Art	Ukelele	Sign Language	Crochet
PREFERENCE				

WORKSHOP D	Dance	Drama	Singing	Hairstyling
PREFERENCE				

Completed Grade 6, 7 or 8 in June

WORKSHOP A	Dance	Drama	Art	Photography
PREFERENCE				

WORKSHOP B	Drums	Crochet	Sign Language	
PREFERENCE				

WORKSHOP C	Cooking	Woodworking	Hairstyling	Worship Rods
PREFERENCE				

WORKSHOP D	Dance	Drama	Singing	Ukelele
PREFERENCE				

- **Photography** requires campers to bring their own non-DSLR camera (ie: point & shoot, phone camera...)
- **Cooking** may come in contact with nuts, wheat and dairy
- **Ukelele** registration is limited to due instrument availability

Check to participate in afternoon **Talent Show**. Please confirm your talent _____