



Camp Kanannaq Program Registration Form

COMPLETE ALL REQUIRED INFORMATION.
INCOMPLETE REGISTRATION FORMS WILL NOT BE PROCESSED.

Our aim is to provide the opportunity to any youth who is interested in developing leadership skills and having fun while experiencing the outdoors! No experience required!

BOREALIS COUNSELOR IN TRAINING PROGRAM (Ages 14-16)

Please choose the dates you would like to attend:

Session 1 June 29-July 3, July 6-10, & July 13-17 (closed July 1)

Session 2 July 20-24, July 27-31, & August 4-7 (closed August 3)

Extra Volunteering Opportunities

Camp Set Up June 22 & 23

Week 7 August 10-14

Week 8 August 17-21

Camp Clean Up August 24 & 25

***Mandatory training is overnight at YMCA Camp Kanannaq June 24-26**

CAMPER INFORMATION (PRINT LEGIBLY)

First name: Last name:

Birthdate (y/m/d): Gender: Age (at time of camp):

Address: City/Prov:

Postal Code: Email: Phone #:

Note: Email address required. Camper registration confirmation sent by email, as well as important information (packing list, newsletter, survey, updates etc).

Parent/Guardian (A): Home Phone #:

Parent/Guardian Email:

Cell #: Work Phone #:

Parent/Guardian (B): Home Phone #:

Cell #: Work Phone #:

Alternative Emergency Contact: Phone #:

Custody (Parent A, Parent B, Both, Other):

Who **can** pick up your camper? (First and Last Name Required):

Photo ID is required for pick up

OR I allow my camper to depart the Borealis Counselor in Training program at the end of the day without parent/guardian sign out.

By checking this box, I have read, understand and consent to the above.

We are required to have a current picture of each camper. Please submit this photo with this form. Digital attachment or hard copy. Applications without this photo are incomplete and will not be processed.

HEALTH INFORMATION (REQUIRED)

Provincial Health #:

Healthcare Coverage: BC Medical Alternative Healthcare If yes to Alternative Healthcare, attach details on separate sheet.

Camper's physician's name: _____ Phone #: _____

Camper's dentist's name: _____ Phone #: _____

Are your camper's vaccinations current? Yes No

Does your camper require special medical attention or take daily medications? Yes No

If yes, provide details: _____

If medication needs to be taken at camp, complete and attach the medication form found at <http://nbc.ymca.ca/wp-content/uploads/2019/02/YMCA-Camp-Kanannaq-Medication-Form.pdf>

Will your camper be on a medication vacation during camp? Yes No

Does your camper require any program adaptations including extra behavioural guidance? Yes No

If yes, provide details: _____

ALLERGIES AND DIET RESTRICTIONS (REQUIRED)

Does your camper have any allergies or diet restrictions? Yes No

If yes, provide details: _____

Mild Moderate Severe Anaphylactic

If your camper is bringing an EpiPen or other allergy medication to camp, complete and attach the medication form found at <http://nbc.ymca.ca/wp-content/uploads/2019/02/YMCA-Camp-Kanannaq-Medication-Form.pdf>

Treatment and comments: _____

CONSULTATION REQUEST (Conversation with the Coordinator to occur within two weeks of receiving the completed form)

I require a consultation with the Camp Coordinator regarding my camper's participation. Yes No

FRIEND REQUEST AND PREVIOUS YMCA CAMP EXPERIENCE

Is this your camper's first time at YMCA Camp Kanannaq? Yes No

How many years have they been a camper?

Did you register with a friend(s)? Yes No

If yes, please provide their first and last name(s): _____

ADDITIONAL INFORMATION

Is there anything we should know to ensure a positive experience for your camper? (Anxiety, behavioural, etc...)

Complete all required information - Incomplete registrations will not be processed

Camper's Commitment: I want to participate in YMCA of Northern BC Camp Programs. I agree to abide by the YMCA Camp Rules. I will do my best to make this a good experience for myself and fellow campers. I understand that failure to live up to this promise might result in my dismissal from the camp program.

Camper's Signature: _____

Parent/Guardian's Commitment: I have discussed the Camper's and Parent's Commitment with my camper and confirm that this camper agrees to participate in the full program including field trips and lake visits by bus, to follow safety instructions, and/or refrain from behaviour that is harmful to oneself and others. I understand and support the Camp policy that prohibits the possession or use of tobacco, alcohol or non-prescription drugs and understand their use as well as abusive behaviour is cause for dismissal without refund of Camp fees.

By checking this box, I have read, understand and consent to the above.

Field Trips: In permitting my camper to attend YMCA Camp Programs, I permit my camper to participate on various field trips. These may include unscheduled, spontaneous local trips walking or on public transportation or on planned outings using YMCA Transportation.

By checking this box, I have read, understand and consent to the above.

Photo and Video Consent (optional): I authorize the YMCA to use any photos and/or videos of my camper obtained while engaged in YMCA programs for promotional purposes.

By checking this box, I have read, understand and consent to the above.

In permitting my camper to attend YMCA Camp Programs, I permit my camper to participate in the full range of activities and authorize the Camp Coordinator or his/her appointee, in the event of accident or illness affecting this above named camper to authorize on my behalf all procedures, including transportation by ambulance, admission to hospital and necessary treatment there in, as he/she may deem essential for the care and well-being of the camper. It is the YMCA Camp Kanannaq's policy to notify a parent when a camper is ill or in need of medical attention. When deemed necessary by staff, emergency medical help will be sought first and parents contacted second. It is understood the YMCA is not responsible for medical care or ambulance costs.

By checking this box, I have read, understand and consent to the above.

I release and discharge any and all rights and claims for damages and causes of suit or action that I or my camper have at any time against the YMCA of Northern BC, Diversified Ltd., School District 57, the City of Prince George, the BC Camps Association, and BC Yukon Properties; along with their employees and agents; for any and all injuries or losses suffered by my camper as a result of participating in YMCA Camp Programs. The YMCA is not responsible for any lost or damaged personal items such as clothing, electronic devices.

By checking this box, I have read, understand and consent to the above.

I, the undersigned, hereby certify that all of the information provided is true and correct to the best of my knowledge and belief. In signing this application with an electronic signature, I acknowledge and agree that such electronic signature has the same legal effect as a written signature.

Signature of Parent /Guardian (please type name): _____ Date: _____

A full list of our policies will be emailed to you when registration is confirmed and/or visit

http://nbc.ymca.ca/wp-content/uploads/2020/01/Camper_Guide_2020.pdf

SKILLS AND EXPERIENCE (Camper to complete)

Have you volunteered at a camp, or volunteered with children before? Yes No

If yes, where?

Which general camp activities have you helped with? (eg. Crafts, games, leading songs, archery, canoeing)

Why do you want to be a Counselor-in-Training at YMCA Camp Kanannaq this summer?

Any additional information that you would like to share?

Please attach one reference letter supporting your application. We ask that reference letters be from a professional reference such as a teacher, supervisor, coach, employer, counselor, babysitting client, or instructor. Reference letters from family members and friends are not acceptable. If you do not have a reference letter, please provide the contact information for one reference that we can contact.

Reference Name:

Email:

Phone:

Relationship:

Please submit the entire application, including photo and reference letter to Samantha.conway@nbc.ymca.ca. If you have any questions please contact us.

Samantha Conway
Coordinator of Camp Programs
YMCA of Northern BC
Samantha.conway@nbc.ymca.ca
250-613-9049
