



# Aboriginal Young Women's Leadership & Empowerment Camp

Moonlight Bay, Wabamun AB

[www.moonlightbaycentre.org/](http://www.moonlightbaycentre.org/)

July 15-18 2019... July 29-Aug 1 2019... August 12-15 2019

## REGISTRATION FORM

Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**I give permission for my child to be photographed/videotaped for use in marketing materials. Yes No (Please Circle)**

**Parent/Guardian Full Name:** \_\_\_\_\_

Address (if different): \_\_\_\_\_ City/Town \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Any custody/orders to be aware of:

\_\_\_\_\_

Where did you hear about this camp? \_\_\_\_\_ Cabin Mate preferred? \_\_\_\_\_

### Medical Information

Photocopy of Health Care Card is mandatory, please attach to this form

Doctor's Name and Phone # \_\_\_\_\_

Emergency Contact Name & Phone # (other than parent/guardian) \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_ Special dietary instructions? \_\_\_\_\_

\_\_\_\_\_

List all medical conditions, including mental, emotional, physical and behavioral challenges that the camper may have:

List any other conditions including skin conditions, allergies, bed-wetting, epilepsy, diabetes, heart conditions, hyper activity, etc. and care instructions:

Will the camper be on medications? Yes No **(Please Circle)** List Medications on a separate page. All medication, prescriptions and/or over the counter (Gravol, Tylenol, Benadryl, etc.) must be brought by the camper, be in the original container and given to the camp supervisor upon arrival at the camp.

**I give permission to administer medications, prescriptions including those over the counter that you send for the child. Parent/Guardian Full Name:** \_\_\_\_\_

**Page 2 Medical Information continued**

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper. If I cannot be contacted, I hereby give permission to the physician selected by the IAAW to hospitalize/secure proper treatment for my child as named above. I understand that in an emergency, my child may be transported in a personal vehicle and I hereby waive my right, and that of my child to any claim against IAAW, its employees or volunteers. **Parent/Guardian Full Name:** \_\_\_\_\_

Permission to go offsite (i.e. A hike) Yes No **(Please Circle)**

Notice:

This is an alcohol & drug free camp, and police officers are on call to assist in ensuring the safety of all young women. If someone is not adhering to this requirement, they will be escorted home.

**Select which date you would like attend? Please Circle**

**July 15-18 2019**

**July 29-August 1 2019**

**August 12 – 15 2019**

**Mail or drop off application to 18104 – 102 Avenue Edmonton, AB T5S 1S7**

**For Office Use:**

**Payment method:**

**Date:**

**Received By:**