



CYOB  
Participant Package



# CYOB Participant Registration Form

All applications are accepted in the order in which they are received. Please send your completed registration form to your host church of the C.Y.O.B. programme.

**THIS IS A FILLABLE PDF - YOU DO NOT NEED TO PRINT TO FILL IT OUT. FOR HELP WITH FILLING OUT THE FORM, PLEASE REFER TO THE LAST PAGE OF THIS PACKAGE.**

Camper Name \_\_\_\_\_  
 Birthday (dd/mm/yy) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell: \_\_\_\_\_  
 Parent /Guardian(s)  
 Name(s): \_\_\_\_\_  
 Email \_\_\_\_\_  
 Church Hosting CYOB \_\_\_\_\_  
 Date of CYOB \_\_\_\_\_  
 How did you hear about C.Y.O.B ?  
 \_\_\_\_\_

## **Assumption of Risk & Responsibility**

In registering and permitting my child to attend Cairn Family of Camps' CYOB Program, I, the undersigned parent, guardian or other duly authorized party, hereby agree as follows (Please type initials to indicate consent):

**Parent / guardian**  
**Initials Eg. DJ**

- I accept the fact that neither the Cairn Family of Camps nor its staff, nor church volunteers can guarantee my child's total safety because some risks are beyond their control.
- My child will follow all instructions given by the staff and to act safely and responsibly at all times.
- My child is sufficiently fit (socially, mentally, physically) to participate in this program.
- The Health & Information Form for my child has been filled out with information that is accurate, complete and true to the best of my knowledge.



- I understand that the Cairn Family of Camps and the host CYOB church is an alcohol free, drug free & tobacco free environment.
- I fully comprehend and willingly assume the risks and responsibilities for my child of participation in this program.
- I understand that the Cairn Family of Camps and the host CYOB church is not responsible for loss or theft of belongings or money.
- I understand that Cairn Family of Camps and the host CYOB church will not tolerate any violence by campers, volunteers or our own staff. Any offenders will be sent home immediately.
- I understand that Cairn Family of Camps reserves the right to cancel my child's participation in the CYOB program if their behaviour is deemed unmanageable or dangerous to him/herself, other campers, or staff members of Cairn.

**Permissions**

- I give permission for photographs or video of me to be used by The Cairn Family of Camps for promotional purposes.
- I give permission for the Cairn Family of Camps to send occasional newsletters and email promotions

Pickup: Your camper's safety is important to us. For this reason, we will not release a camper to anyone other than their legal guardian(s) [as listed above] and any individuals specified below:

\_\_\_\_\_

Parent's/ Guardian's Consent - please type your name here to indicate your consent to the above(in lieu of signature):

\_\_\_\_\_

Date:\_\_\_\_\_



## Authorization For Seeking Treatment of Minors

In the event of accident or apparent illness, I irrevocably authorize The Cairn Family of Camps' staff to secure emergency medical services and treatment for this participant if, in their judgment, such services or treatment are necessary. I understand that in the event of a medical emergency every effort will be made to contact parents/guardians and emergency contacts.

To the best of my knowledge, my child's medical history is communicated thoroughly on the attached form, and my child has no communicable diseases which would put other campers, staff members, or volunteers, at risk. I will notify camp if they have been exposed to an infectious disease during the weeks prior to arriving at camp.

*I will also notify the church responsible for CYOB in writing if my child has any changes in his/her medical condition between the time I send in this Medical Information Form and the Opening Day of the camp session.*

I agree that, having taken such precautions as in your discretion are deemed advisable, Cairn Family of Camps, and the hosting CYOB Church, shall not be held responsible for any accident or sickness to my child.

Parent's/Guardian's Signature -please type your name here to indicate your consent to the above:

\_\_\_\_\_

Date (dd/mm/yy) \_\_\_\_\_

## CYOB Camper Information/Health Form

Camper's Name: \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_

Ontario Health Card Number: (Optional) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Special Diets:**

Vegan (no meat or dairy products)

Partial vegetarian (circle ): eats dairy eats eggs eats chicken

Gluten-Free

**Please specify any additional dietary information**

**Please describe medications or treatments required & specific notes regarding treatment or medication, dose, time of day required etc.**

(NOTE: \*\*\*ANY medication given out to campers must arrive in original packaging and be properly labeled. This includes all vitamins and over-the-counter medications. )

## How to Complete a Fillable PDF:

### Windows:

Open the PDF document with Adobe Acrobat Reader. (If you do not have Reader, it can be downloaded free here: <https://acrobat.adobe.com/ca/en/acrobat/pdf-reader.html>). Fillable fields will appear highlighted, and if you click on them you can enter text. Once you have filled out the entire form, save the file as “[CAMPER’S NAME]CYOB Registration/ Health Forms Package”.

### Mac:

Open the PDF document with Preview (should be your default application for PDFs). Fillable fields will show up highlighted when you mouse over them, and if you click on the field you will then be able to enter text. Once you have filled out the entire form, save the file as “[CAMPER’S NAME]CYOB Registration/ Health Forms Package”.