

MEDICAL FORM - KNIGHTS QUEST BOY'S CAMP

LAST NAME (PRINT) _____ FIRST NAME (PRINT) _____
HEALTH CARD NUMBER _____
DETAILS OF INSURANCE COVERAGE HELD BEYOND OHIP _____
MEDICATIONS: NAME _____ FREQUENCY _____
DOCTOR'S NAME _____ PHONE# _____

There will be NO self-administration of meds. Top-Gun and Chief are in charge of medications at all times.

MEDICAL WAIVER

EXPERIENCE HAS SHOWN THAT IN CONNECTION WITH OUTDOOR ACTIVITIES THERE ARE TIMES WHEN ILLNESS OR ACCIDENT MAY OCCUR AND IMMEDIATE SURGICAL OR MEDICAL ATTENTION IS NECESSARY. THIS IS MY PERMISSION FOR THE OFFICIAL IN CHARGE, OR HIS DEPUTY, TO MAKE ARRANGEMENTS FOR SURGICAL OR MEDICAL ATTENTION FOR MY CHILD / WARD IN THE EVENT OF AN EMERGENCY WITHOUT NECESSITY OF MY PRIOR APPROVAL. I UNDERSTAND THAT I WILL BE NOTIFIED BY THE QUICKEST MEANS POSSIBLE IF THIS AUTHORITY IS EXERCISED.

SIGNATURE: _____ DATE: _____
(PARENT/GUARDIAN)

**CAMP WAIVER AND INFORMED CONSENT TO PARTICIPATE IN SPORTS AND OUTDOOR RELATED ACTIVITIES
- FOR PARENT/GUARDIAN OF MALE MINOR -**

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby acknowledge that I am fully aware of the nature and purpose of Knights Quest Camp and acknowledge that this activity is potentially dangerous and that I voluntarily accept any risk to my son. In consideration of my son being permitted to take part in these activities, I agree that he be bound by the rules of the camp, and to obey the directions of the leaders of the activities. I agree to release, hold harmless and keep indemnified the organizers from and against all claims, actions, cost, expenses and demands in respect to death, injury, loss or damage to my son or property, howsoever caused, arising out of or in connection with his taking part in this event, except insofar as any such loss, etc., is solely attributable to the negligence of the organizers and directors. I confirm that my son is in good physical health, and does not suffer from any physical disabilities unknown to the organizers.

Having read and understood the contents of this package, I agree and consent to the provisions contained herein. It is my intention and desire for my son/ward _____ (Print Legal Name) to participate in the Knight's Quest Boys Camp.

I, THE UNDERSIGNED, HEREBY GIVE PERMISSION FOR THE ABOVE-NAMED CHILD/WARD TO ATTEND AND PARTICIPATE IN:
Knight's Quest Boys Camp, John Paul II Cultural Centre, Port Burwell, July 12-17, 2020.

SIGNATURE: _____ DATE: _____
(PARENT/GUARDIAN)

Photos and videos will be taken and may be used for promotion of the activities of Family Foundations Institute. If you have concerns with this please contact us at info@famfi.ca.

INFORMATION FORMS MUST BE RECEIVED BEFORE JUNE 15TH.

Please print and mail, or scan and email, Information Form & Medical Form and Waiver to:
Family Foundations Institute – Knight's Quest Camp, 203 Reycraft Ave, Glencoe, ON N0L 1M0

Please submit camp fee, if not paid, at this time by check or contact us at info@famfi.ca for other payment options. Please make checks payable to **Family Foundations Institute**. After June 30th cheques are not refundable.

KNIGHT'S QUEST- BOYS CAMP PERSONAL KIT LIST

Personal Equipment	Quantity	Description
Life jacket	1	Pls bring if you have one
Sunscreen	1	at least 30
bug repellent	1	
sleeping bag	1	normal size
foam pad/bubble pad	1	under sleeping bag
ground sheet	1	fit under sleeping bag
back pack	1	
plate, bowl, cup, fork, knife, spoon	1 set	camp quality
towel, soap	1 set	
long pants	1 pair	
shorts	1 pair	
Underwear	5 pairs	
Socks	3 pairs	
Swimsuit	1 pair	
beach towel	1	
running shoes	1 pair	
Sandals	1 pair	
t-shirts	2	1 will be given at camp
long sleeve shirt	1	
Jacket	1	
sun protecting hat	1	
Toothbrush, toothpaste		
flashlight with batteries	1	
pillow	1	
water bottle	1	
Baseball glove - name on	1	Only if you have one

Please note: we will supply camp rosary.

Recommendation: Please place name tags on the collars, waists, tags, etc of clothing and appropriately on personal equipment.