

CAMP CADICASU APPLICATION

Please PRINT carefully. Complete the application (2 pages including waiver) as fully as possible and mail or fax to:
CAMP CADICASU

Ste 1251, 7620 Elbow Drive SW, Calgary, AB T2V 1K2

Phone: 403-949-3944 Fax: 403-932-1969 Email: info@cadicasu.com

Please note that we **will not** complete registrations without the WAIVER form BEING SIGNED and your child's HEALTH CARE NUMBER. As well, camp fees must accompany the registration form. All personal information is treated as confidential in nature.

CAMPER INFORMATION

Last Name: _____ Given Name: _____
Gender: _____ Height: _____ Weight: _____
Health Care #: _____ Birthday _____
School: _____ Present Grade: _____
Religion: _____ Parish/Church: _____
Brothers ages: _____ Sisters ages: _____
Fears _____ Interests: _____
Shy? _____ Used to being away? _____
Previous camp experience: (Year/Camp): _____
Allergies: _____
(please suggest food alternatives)
Medications: _____
(or anything the Camp Medic should be aware of)
Miscellaneous: _____
(anything the Counselor or Camp Director should know, including discipline problems)

FAMILY INFORMATION

Mother's Last Name: _____ Mother's Given Name: _____
Mother's Work Phone #: _____ Mother's Cell Phone #: _____
Mother's Email address: _____
Father's Last Name: _____ Father's Given Name: _____
Father's Work Phone #: _____ Father's Cell Phone #: _____
Father's Email address: _____
Home Address: _____
City, Province: _____ Postal Code: _____
Home Phone: _____

REGISTRATION INFORMATION

Program: (check one) Camper _____ Counselor in Training: _____
Requested start date of camp: 1st Choice: _____ 2nd Choice _____

METHOD OF PAYMENT

Cheque: _____ Money Order: _____ Visa: _____ MasterCard: _____
Card #: _____ Exp: _____
Cardholder Name: _____

PLEASE NOTE: Post dated cheques for camp fees are accepted but are required to be made payable no later than FOUR WEEKS prior to the first day of your child's actual attendance at camp.

WAIVER FORM

The undersigned parent/guardian hereby makes application for my son/daughter/ward identified below (the "Camper") to attend Camp Cadicasu this summer. By my signature, I acknowledge and agree that:

1. Acceptance of the application by Camp Cadicasu is subject to available accommodation. I have enclosed my camper fees with this application.
2. Fees are not refundable once my application has been accepted, either orally or in writing.
3. The Camper does not now have and, when the Camper arrives at the Camp the Camper will not have unless the period of incubation therefore shall have lapsed, any communicable diseases; and
4. I have proper authority to make this application.

WAIVER: PLEASE READ CAREFULLY-

IN CONSIDERATION OF CAMP CADICASU ACCEPTING THIS APPLICATION, AS PARENT/GUARDIAN OF THE CAMPER, I HEREBY WAIVE ANY RIGHT OR ACTION I OR THE CAMPER MAY HAVE OR HEREAFTER ACQUIRE AGAINST THE CAMP CADICASU ASSOCIATION OF CALGARY, ITS DIRECTERS, OFFICERS, AGENTS AND EMPLOYEES (collectively the "ASSOCIATION") FROM AND AGAINST ALL COSTS, DAMAGES, CLAIMS AND ACTIONS OR CAUSES OF ACTIONS WHICH I OR THE CAMPER MAY HAVE OR HEREAFTER ACQUIRE AND WHICH RELATE TO OR FLOW FROM THE INJURY OR DEATH OF ANY PERSON, INCLUDING WITHOUT LIMITATIONS THE CAMPER OR THE LOSS OF OR DAMAGE TO ANY PROPERTY, SUSTAINED WHILE THE CAMPER OR SUCH PROPERTY IS ON THE PREMISES KNOWN AS CAMP CADICASU OR ELSEWHERE OR PARTICIPATING IN PROGRAMS OR ACTIVITIES SPONSORED BY OR UNDER THE JURISDICTION OF THE ASSOCIATION. NOTWITHSTANDING ANY SUCH LOSS, INJURY OR DAMAGE MAY HAVE ARISEN BY REASON OF THE NEGLIGENCE OF THE ASSOCIATION, WITHOUT LIMITING THE GENERALITY OF THE FOREGOING. I FURTHER RELEASE ANY RECOURSE WHICH I OR THE CAMPER MAY NOW OR HEREAFTER HAVE RESULTING FROM ANY DECISION OF THE ASSOCIATION. I HEREBY CONSENT ON BEHALF OF THE CAMPER TO THE USE OF ANY UNIDENTIFIED LIKENESS OF THE CAMP IN ANY FUND RAISING ACTIVITIES WHICH MAY BE CARRIED ON BY THE ASSOCIATION.

IN THE EVENT OF ANY EMERGENCY WHEN I CANNOT BE READILY CONTACTED BY THE ASSOCIATION. I HEREBY AUTHORIZE THE ASSOCIATION TO SEEK, AND INSTRUCT SUCH MEDICAL AID FOR THE CAMPER AS MAY SEEM ADVISABLE TO THE ASSOCIATION IN THEIR DISCRETION.

Signature of Parent/Guardian _____ **Date:** _____

EMERGENCY CONTACT

(in the event that the Association cannot readily communicate with the above parent/guardian please provide information about **an emergency contact for your child**)

NAME: _____

PHONE (WORK): _____

PHONE (HOME): _____

PHONE (CELL): _____

ADDRESS: _____

CITY, PROV _____

POSTAL CODE: _____