

## Camping/Retreat Registration Form For Adults / Families

**All attendees** of Canada West Mission Events are **required to pre-register**. Your registration options are:

On-line at [register.communityofchrist.ca/cwmregistration.php](http://register.communityofchrist.ca/cwmregistration.php) **OR**

By contacting Lisa Neudorf ([lisa@communityofchrist.ca](mailto:lisa@communityofchrist.ca) or 1-877-411-2632, ext 5) then printing this form and bringing a fully completed copy to the event for which you have registered.

Event Selection			
<b>HILLS OF PEACE</b>	<input type="checkbox"/> Reunion	<input type="checkbox"/> Spiritual Retreat	<input type="checkbox"/> Young Adult Retreat
<input type="checkbox"/> Men's Retreat	<input type="checkbox"/> Women's Retreat	<input type="checkbox"/> Nurturing Spirit Weekend	<input type="checkbox"/> Other:
Camper and Contact Information			
Name:			
<b>Full Address Required for Income Tax Receipts</b>		City / Province	Postal Code
Address			
Home Phone:	Mobile:	E-mail:	
How did you hear of this event? <input type="checkbox"/> Community of Christ member <input type="checkbox"/> Other (please specify)			
<b>Hills of Peace Family Camp only:</b>			
Preferred Accommodation: <input type="checkbox"/> Dorm <input type="checkbox"/> Cabin <input type="checkbox"/> Campsite (Note: campsites will be assigned. Please check-in upon arrival)			
<b>Family Members with you (immediate family only):</b>		<input type="checkbox"/> Adult OR Age _____ (if under 18)	
Name:	Entering Grade: Relationship to you:		
Name:	<input type="checkbox"/> Adult OR Age _____ (if under 18)		
Name:	Entering Grade: Relationship to you:		
Name:	<input type="checkbox"/> Adult OR Age _____ (if under 18)		
Name:	Entering Grade: Relationship to you:		
<b>Signature</b>		<b>Date</b>	

### Donations / Registration Fees

In order to make camps available to the members and friends of Community of Christ, Canada West Mission does not charge registration fees. In order to make these events possible, those who attend events and those who felt passionate about events have made donations to cover the costs incurred and this method of funding will continue. **Camping events sponsored by Canada West Mission rely entirely on generous donations to fund the event.** All donations can be made at registration, given at the Congregation level or mailed to the Mission Office. A charitable tax receipt will be issued for the donation amount. There are various methods in which to make a donation anytime during the year to the event of your choice.

These methods include:

- Cash or Cheque made payable to Community of Christ
- Credit Card – online via link: <https://www.canadahelps.org/dn/5859>
- Pre-Authorized Bank Withdrawal – download forms from website.

**Medical Information** \*Note: If you are travelling out-of-province, additional health insurance may be required

Provide information for additional family members on a separate piece of paper

Name:	*Health Card No.
Family Physician:	Phone
Allergies - food, medicine, environmental (if none, so state):	
Special Dietary Restrictions (if none, so state):	
<input type="checkbox"/> I/We do not have any special or extraordinary medical concerns/needs. <input type="checkbox"/> My/our detailed medical concerns / needs are provided on the attached, detailed <u>Medical Information Form</u> .	
<input type="checkbox"/> <b>I hereby authorize any necessary medical treatment for myself or the above-named (if parent/guardian). I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, medicines, ambulance, other)</b>	

**Privacy Policy**

We respect your privacy. We protect your personal information and adhere to all legislation requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver the services related to the camp, retreat, or other function for which you are registering. . If you have questions about the collection or use of this information, please contact the Canada West Mission Centre Privacy Officer, Debra Donohue at 1-877-411-2632, ext. 4, or [debra@communityofchrist.ca](mailto:debra@communityofchrist.ca). If, at any time, you wish to be removed from any of these contacts, you can do so by phoning the Canada West Mission President at 877-411-2632, ext. 1 and we will accommodate your request.

**I have read the Privacy Policy of Community of Christ and, by my signature below confirm I understand the information I provide will not be shared with any outside party as outlined above.**

**Release and Waiver of Liability**

I understand attendance at camp/retreats involves certain risks and dangers, not all of which can be listed here. Amongst the more obvious and frequent are: hazards in connection with movement about the camp/retreat and over uneven terrain; hazards in connection with camp/retreat sporting activities; hazards in connection with travel to and from the camp/retreat; hazards in connection with the use of camp/retreat buildings and facilities.

I am not relying on any oral or written statements made by Community of Christ or by anyone representing it, whether such representations are contained in brochures or media form or in individual conversation, to lead me to become involved in the camp/retreat program for which I have applied on any basis other than my assumption of the risks and dangers involved.

**I have read the Release and Waiver of Liability. By my signature below, I confirm my understanding of the information and personally accept all risks and dangers and the possibility of death, personal injury, property damage and loss resulting from my attendance at camp/retreat. The risk is accepted for any cause whatsoever on the part of Community of Christ or its employees, agents or representatives.**

**Photo Release**

In consideration of the right to participate in this activity, by my signature below I hereby give consent to and authorize the taking of photographs or videotapes in which I may appear. I hereby waive all rights of privacy in and to any said pictures, videotapes or web page.

**Signature****Date:**

## Medical Information – Complete a Separate Form for Each Family Member

This medical information is required to help ensure your health and safety while participating in the camp, retreat, or activity for which you are registering. The information is confidential and will be held in strict confidence. It will be shared only with qualified first aid or medical personnel if required. It will be retained for up to twelve (12) months and then destroyed. If you have questions about the collection or use of this information, please contact the Canada West Mission Centre Privacy Officer, Debra Donohue at 1-877-411-2632, ext. 4, or [debra@communityofchrist.ca](mailto:debra@communityofchrist.ca).

Name:	*Health Card No.
<i>*Note: If you are travelling out-of-province, additional health insurance may be required.</i>	
Family Physician:	Phone
Allergies - food, medicine, environmental (if none, so state):	
Special Dietary Restrictions (if none, so state):	
Camp Activity Restrictions: <input type="checkbox"/> None <input type="checkbox"/> Strenuous activities <input type="checkbox"/> Swimming <input type="checkbox"/> Other (describe)	
Is camper currently under a physician's care for any acute or chronic condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Does camper carry <b>non-prescription</b> medications? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please list medication(s) and purpose(s):	
Does camper carry <b>prescription</b> medications? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please list dosage instructions and any other helpful information:	
Are there any medications which should not be given (ie. Tylenol, throat lozenge, laxative, etc.):	
Does camper have any history of, or is he/she being treated for the following: <input type="checkbox"/> Anemia <input type="checkbox"/> Appendicitis <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Athlete's <input type="checkbox"/> Bronchitis <input type="checkbox"/> Diabetes <input type="checkbox"/> Digestive <input type="checkbox"/> Epilepsy <input type="checkbox"/> Fainting <input type="checkbox"/> Fractures <input type="checkbox"/> Foot <input type="checkbox"/> Heart <input type="checkbox"/> Hepatitis disorder <input type="checkbox"/> seizures <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Kidney trouble <input type="checkbox"/> Headaches <input type="checkbox"/> condition <input type="checkbox"/> Hernia <input type="checkbox"/> High blood <input type="checkbox"/> HIV <input type="checkbox"/> Sore throats <input type="checkbox"/> Tonsillitis <input type="checkbox"/> Low blood <input type="checkbox"/> Nervous <input type="checkbox"/> Other pressure <input type="checkbox"/> Skin ulcer <input type="checkbox"/> pressure <input type="checkbox"/> System <input type="checkbox"/> Skin disease <input type="checkbox"/> disorder	
If yes to any of the above, please explain:	
Please check if any of the following conditions apply to the camper:	
<input type="checkbox"/> Cramps <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Stomach aches <input type="checkbox"/> Homesickness <input type="checkbox"/> Hearing problems <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Frequent colds <input type="checkbox"/> Fainting <input type="checkbox"/> Vision problems <input type="checkbox"/> Toothaches <input type="checkbox"/> Ear aches <input type="checkbox"/> Headaches <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Recent emotional upset (death of loved one, divorce of <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Swimmer's Ear <input type="checkbox"/> parents, etc.), please explain:	
Please describe any other medical, emotional, mental health, dietary or physical condition which could affect the camper's experience at camp:	
<b>Permission for medical treatment:</b>	
The undersigned, hereby authorize any necessary medical treatment for myself or the above-named (if parent/guardian). I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, medicines, ambulance, other).	
Date: _____	
_____ <b>Signature</b> or Parent/Guardian if camper is under 18.	