



The Salvation Army
Kamloops Ministries
 344 Poplar Street
 Kamloops, B.C. V2B 4B8
 Telephone: (250) 554-1611
 Fax: (250) 554-1689

CAMP OASIS APPLICATION FORM

All registrations must be complete by June 17th

Participant Information

Last Name: _____ First Name: _____
 Gender: _____ Date of Birth (mm/dd/yyyy): _____ Last Grade Completed: _____
 Home Address: _____
 City: _____ Province: _____ Postal Code: _____

Household Information

Parent/Guardian

Last Name: _____ First Name: _____
 Home Address (if different from participant): _____

 City: _____ Province: _____ Postal Code: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____
 Email Address: _____
 Relationship to Participant: _____

Second Parent/Guardian

Last Name: _____ First Name: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____
 Email Address: _____
 Relationship to Participant: _____

Emergency Contact

Name: _____ Contact Number: _____
 Relationship to Participant: _____

Permission for Photographs, Video & Audio Recordings

I give permission for The Salvation Army to take photographs, video, audio recordings of my child during his/her Camp Session and to use them for marketing, public relations, and promotional purposes.

I do not give permission

Health and Safety Information

What is your child's swimming capabilities? Please list their last level of completed swim lessons
Does your child regularly use or require a Personal Flotation Device (PFD):

Does your child have any learning disabilities or other challenges that we should know about?

Does your child have any other medical, emotional, or behavioural conditions that we should be aware of (please attach additional pages if necessary):

Allergies & Dietary Restrictions

Does your child have any allergies? Yes No

Please list allergies, reaction type, and severity:

Does your child require an EpiPen? Yes No

What is the EpiPen used for?

Is your child currently taking any medications? Please share the details:

Does your child have any dietary restrictions? Yes No

Explain:

Enrollment Dates

- Week One (July 4, 6, 8) Week Two (July 11, 13, 15) Week Three (July 18, 20, 22)
 Week Four (July 25, 27, 29) Week Five (Aug 1, 3, 5) Week Six (Aug 8, 10, 12)
 Week Seven (Aug 15, 17, 19)

Daycamps run Monday, Wednesday, and Fridays from 9:30 am - 3:30 pm

Participant Fee

Please include your payment of \$15.00 per week with your application. Payment can be made in cash or by cheque (made out to *The Salvation Army-Kamloops*).

Acknowledgement

By signing below, I confirm that I am the parent/guardian of the participant. I have full authority to make the following representations and agree that:

- The Camp Director may dismiss any participant when it is deemed to be in the best interests of the participants.
- Camp officials have the authority to act on my behalf in the event of an emergency and/or special medical treatment. In such a situation, I understand that the Camp Director will attempt to notify the parent(s)/guardian(s) or other emergency contacts noted in this application as soon as possible.
- I will pay for all costs associated with any necessary prescription drugs and/or special medical treatment (including ambulance costs).
- I will notify The Salvation Army Kamloops if my child is exposed to an infectious disease during the three weeks prior to arriving at camp and/or in the event that any of the information contained in this application should change
- I hereby release The Salvation Army and all organizations and persons associated with it from any and all claims relating to any loss, injury, or damage sustained by my child and/or his/her property

To the best of my knowledge, the information provided in this application is accurate and complete.

Signature of Parent/Guardian: _____ Date: _____

Witness Signature: _____

Witness Name: _____ Date: _____