



DIOCESE OF ALGOMA

2015 YOUTH SYNOD REGISTRATION FORM

YOUTH SYNOD (Youth ages 13 - 24)
Sunday, June 28 to Wednesday, July 1, 2015

Camp Directors:

Rev. Jeffery Hooper (705) 222-4667 jeffery.hooper@utoronto.ca
 & Cora Felbel (705) 665-1831

To register for Youth Synod, please complete and return this form together **with the total camp fee** to camp registrar:

Carrie Birtch - 9-123 Greenwood Ave, North Bay, ON P1B 5E8

Questions?

Reach Carrie at carrieg2626@hotmail.com or call 705-499-0184

YOUTH SYNOD FEES: \$160

Bursaries are often available to subsidize fees. Please make a request to the Parish Priest of the local Algoma Anglican church you attend.

Amount Enclosed: _____

Cheque Cash

(Please make cheques payable to Diocese of Algoma)

Camper's Name _____ Nickname _____

Camper's Mailing Address _____

City _____ Prov. _____ Postal Code _____

Camper's Phone Numbers: Home (____) _____ Cell (____) _____

Camper's Email Address _____

Gender: M F Date of Birth _____ Age at Camp Time _____ First Time at Youth Synod? Yes No

Anglican Parish Camper Represents: _____ Signature of Parish Priest: _____

Camper's Swimming Level _____ Cabin Mate Request: _____

Parent/Guardian:

1st Parent/Guardian _____ (Home #) _____

(Cell #) _____ (Work #) _____ Email Address _____

I authorize Camp Manitou Bay of Islands to communicate with me via email. Yes No

2nd Parent/Guardian _____ (Home #) _____

(Cell #) _____ (Work #) _____ Email Address _____

I authorize Camp Manitou Bay of Islands to communicate with me via email. Yes No

Legal Custody Arrangement (if any) _____

Alternate Emergency Contact Phone Numbers:

Name _____ Relationship to camper: _____

(Home #) _____ (Cell #) _____

Name _____ Relationship to camper: _____

(Home #) _____ (Cell #) _____

Doctor's Name _____ Phone (____) _____



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Camper's Name _____
 Ontario Health Number _____ Date of last tetanus shot _____
 Drug Plan Name _____ Drug Plan Number _____
 Height _____ Weight _____ Immunizations Up-to-date? Yes No

Allergies/Susceptibilities *(Provide details on a separate sheet if necessary)*

Foods _____ Reaction _____
 Medications _____ Reaction _____
 Insect Bites _____ Reaction _____
 Other _____ Reaction _____

Check (✓) any of the following that apply to your child.

- | | | |
|--|--|---|
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Menstrual cramps | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Chronic ear infections | <input type="checkbox"/> Visual or hearing disorders | <input type="checkbox"/> Anaphylactic reactions |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart defects |
| <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Attention deficit disorders | <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma or other breathing disorders | | |

MEDICATION:

Does your camper take any prescription medicine on a daily basis? Yes No
Note: All prescribed medication must be clearly labeled and given to the Camp Health Provider upon arrival.

If you checked any of the above, please outline specifically the condition and usual treatment on the backside of this sheet.

Should the need arise, please check (✓) the non-prescription medications or treatments the Camp Health Provider is authorized to administer to the camper in addition to any prescription medications brought to camp by the camper:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Antidiarrheals | <input type="checkbox"/> Antihistamines | <input type="checkbox"/> Cough Suppressants |
| <input type="checkbox"/> Decongestants | <input type="checkbox"/> Laxatives | <input type="checkbox"/> Midol | <input type="checkbox"/> Throat Lozenges. |

List any concerns which may prevent your child from participating fully in a vigorous camp program (ie significant past experiences, fears)

SMOKING IS NOT PERMITTED AT CAMP MANITOU.

PARENT/GUARDIAN AUTHORIZATION - *(to be filled out by Parent/Legal Guardian if youth is under the age of 18)*

Please indicate with a check (✓) that you have read, and agree with, each of the following:

To the best of my knowledge the above named applicant is in good health. She/He has my permission to participate in a vigorous camp program that may include swimming, canoeing/kayaking and hiking. Yes No

I understand that while every care and attention will be given to the health, safety, and comfort of the camper, neither the Camp Co-Directors nor Camp Manitou Bay of Islands nor the Diocese of Algoma can be held responsible for any accident that may occur. Should emergency medical care be required, I hereby authorize the Camp Co-Directors to secure such medical advice and services as deemed necessary for the health and welfare of the camper. I agree to accept financial responsibility for costs in excess of the benefits allowed under the Ontario Hospital and Camp Insurance plans. Yes No

I understand Camp Manitou is a remote, boat access only, facility and as such emergency evacuation can be a challenge. Yes No

I give full permission for my minor's photograph or electronic or video image taken at Camp Manitou to be used for youth ministry promotion by the Diocese of Algoma in the media, Diocesan publications or website. Yes No

I give full permission to share my minor's email address with others attending Youth Synod. Yes No

 Signature of Parent / Guardian _____ Date _____ Print Name of Parent / Guardian _____

CAMPER COVENANT:

I am participating in Youth Synod as part of a Christian community that is built on mutual trust and cooperation. To do my part in making this event a success, I will respect fellow campers, Youth Synod leaders, and Camp Manitou staff and all Camp rules. These rules include abiding by the curfew and not bringing nor consuming any alcohol or illegal drugs. I will do everything in my power to keep myself and my fellow campers safe. I understand that problematic behaviour can lead to an early departure at my expense. I appreciate that Camp Manitou is a natural treasure, therefore I will respect the environment, as well as Camp Manitou's buildings and facilities.

 Signature of Camper _____ Date _____ Signature of Parent/Guardian (for Camper under 18 years) _____ Date _____