



# Carp Ridge Youth Registration Form

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Name of camper: \_\_\_\_\_ Age:\_\_\_\_ Gender:\_\_\_\_ Birthday:\_\_\_\_\_

Preferred camp dates; \_\_\_\_\_

Names of parents/guardians: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: (home/work/cell) \_\_\_\_\_

Email addresses: \_\_\_\_\_

Name of any other person authorized to pick up your child: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone:\_\_\_\_\_

Allergies and/or Illnesses: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Other health practitioner: \_\_\_\_\_ Phone: \_\_\_\_\_

OHIP number: \_\_\_\_\_

Are you comfortable with director Katherine Willow N.D., a registered naturopathic doctor, giving your child mild herbal and/or homeopathic remedies for simple complaints such as bumps, scrapes, tummy aches, etc? Any such incidents would be documented and communicated to you at the end of the day. **Yes No**

Comments you would like to add about your child that would help us care for him/her: (use back if needed)

\_\_\_\_\_

\_\_\_\_\_

We understand that despite every precaution children can still find a way to hurt themselves when out in nature and waive holding staff and directors responsible for accidents. We give permission for Summer Camp staff to transport \_\_\_\_\_ to a medical doctor or hospital if necessary, while notifying you immediately.

TICK REMOVAL: **Please initial your option:** Should the camp staff find a tick on the child

We agree that the trained camp staff should safely remove it and contact us. \_\_\_\_\_

OR camp staff must contact us and we will pick the child up and take them to our own medical practitioner. \_\_\_\_\_

How did you learn about our camp? Newsletter local paper/ friends /street sign/ internet/ other: \_\_\_\_\_

We are proud of our special camping program. We appreciate feedback about your child's camping experience. Please fill in the evaluation form at the end of Camp and return it to [info@ecowellness.com](mailto:info@ecowellness.com)

#### PARENT/GUARDIAN CONSENT

I, \_\_\_\_\_ grant \_\_\_\_\_ permission to participate in the  
Carp Ridge Nature Camp.

(First and last name of parent or guardian)

(Child's name)

I further consent to the following:

1. I hold the Carp Ridge Nature Camp and its staff harmless, being aware of the inherent risks of programs out in nature. My child is of a suitable fitness level to participate in this program. If I require more information, I can contact Katherine Willow.
2. In the event of an accident or injury, I authorize the Carp Ridge Nature Camp to provide or cause to be provided such medical services as the program personnel consider appropriate, including safe natural remedies for simple complaints such as bumps, scrapes, tummy aches, etc. Any such incidents would be documented and communicated to me at the end of the day.

By signing here, you are agreeing to the above statements.

Signature of Parent /Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

- By initialing this box, I give Carp Ridge Nature Camp my consent to take photographs or videos of my child and reproduce such photographs or videos for use in promotional materials or publications.
- I have read and agree with the Carp Ridge Nature Camp Policies.
- I agree to receiving email messages and updates from the Carp Ridge EcoWellness Centre.