



2018 CAMP ARTABAN WORK PARTY REGISTRATION AND HEALTH FORM

1058 Ridgewood Drive, North Vancouver BC, V7R 1H8

Tel: 604-980-0391 E-mail: office@campartaban.com

Work parties are necessary for the maintenance and upkeep of Camp Artaban. They are also a great way to be at Camp, to give back to your community and to connect and reconnect with fellow Artabaners. We are so thankful when people volunteer their time to help Camp. It is also important to remember that a work party's main purpose is to improve the site so that we can fulfill our mission statement of "challenging children, youth and adults; spiritually, physically and mentally in a camping context so that they may be brought into a significant relationship with God, and with each other, in a loving community".

LAST NAME	FIRST NAME	DATE OF BIRTH (YYYY-MM-DD)
ADDRESS		
HOME PHONE	WORK PHONE	CELL / ALTERNATE PHONE NUMBER
E-MAIL ADDRESS	CHURCH AFFILIATION:	APPLICATION DATE:
CARECARE NUMBER	EMERGENCY CONTACT NAME	EMERGENCY CONTACT NUMBER (HOME/WORK/CELL)
FAMILY DOCTOR	FAMILY DOCTOR'S NUMBER	DATE OF LAST TETNUS VACCINE

DO YOU HAVE ALLERGIES? (attach additional information if needed)

Medication:	Reaction:	
Food:	Reaction:	Epipen?
Other (ie bees):	Reaction:	Epipen?

DO YOU HAVE A PROLONGED HEALTH CONDITION? (diabetes, epilepsy, deafness, asthma, etc., or any physical limitations)

MEDICATIONS: Please be sure to bring all necessary prescriptions to camp. Our hospital is stocked with basic medicines and first aids supplies only.

DO YOU HAVE ANY DIETARY RESTRICTIONS? YES / NO

PLEASE LIST: (meat, dairy, eggs, etc.) We will do our best to accommodate your requirements.

RELEASE OF LIABILITY:

I certify that the information provided is correct and that the applicant is physically, mentally and emotionally fit to attend camp. I give permission for photographs of the applicant to be used in future camp promotional material. I recognize that there is some element of risk in any adventure, sport or activity associated with outdoor activities in a wilderness area such as Camp Artaban. I understand and agree that in case of accident, sickness or undisclosed condition or inappropriate behaviour of the applicant during camp, the applicant is responsible for any expenses incurred. (It can cost up to \$190 for water taxi to Horseshoe Bay.) I give permission for the camp nurse or health worker to take any measures deemed necessary to maintain the applicant's health while at Camp Artaban, including any necessary emergency measures should they be unable to contact my family doctor or discuss it with me at the time of an emergency. I release the Diocese of New Westminster, the Board of Directors of the Camp Artaban Society and their respective officers, employees, volunteers and agents from liability for claims for injuries or property loss arising from my attendance and participation in activities at Camp Artaban. I further agree to indemnify the said Board of Directors and hold them harmless from any such claims.

SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE (if under 19): _____