

UNF CAMP SOKIL REGISTRATION APPLICATION



ТАБІР СОКІЛ УНО ЗАЯВА НА РЕЄСТРАЦІЮ

2017

2017

Camper's Details				Paste Camper's Photo	
Surname: (As On Health Card)					
Given Name: (As On Health Card)					
Date of Birth:					
Health Card Number					
Visitors to Canada					
Name of Insurance Company				Policy Number	
Insurance Company Address:					
(Please note –you may be required to pay for health services and then apply for reimbursement.)					
Camper's Physical Description					
Sex:		Weight (Kgs):		Height (cm) :	
Eye Color:		Hair Colour:		Size T-shirt KIDS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L ADULT <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
Camper's Home Address					
Street & Apt#:				City:	
Province:		Postal Code:			
Home Phone #			Alternate Phone #:		
Parent's E-Mail:			Parent's Fax:		
Parent(s) or Guardian(s) Information					
Father's (Or Guardian's) Name:			Mother's (Or Guardian's) Name:		
Name of Emergency Contact:			Emergency Contact Phone #:		
Parent/Guardian Member of the Ukrainian National Federation?	___ YES ___ NO		If Yes, Indicate which (city) Branch:		
Camper's Physician Details					
Physician's Name:			Physician's Telephone #:		
Pre-Existing Medical Conditions:					
If there are any problems, behavioural or physical, that would interfere with the camper's camp life and activities please list them on a separate sheet of paper and attach to this application					
List any medical conditions that your child has and any medication to be administered:					
Asthma:			Epilepsy:		
Diabetes:			Other:		
Other:			Other:		

Allergies

Provide details of any food, drug, or other life threatening allergies your child may have: **If more space is needed attach separate sheet**

Food Allergy List	Allergic Reaction (i.e. rash, restricted breathing etc.)	List Severity (Mild To Life Threatening)	Medication or Emergency Treatment
Drug Allergy- List	List Severity (Mild To Life Threatening)	Other Life Threatening Allergies (i.e. Bees etc)	Medication or Emergency Treatment

Camper's General Experience

Has the camper had any formal swimming instruction?	Yes	No
If yes, what level of swimming has the camper achieved? Example: Red Cross Green Badge etc.		

Camp Session Registration: (Please Check All Weeks That Apply)

Check The Box Next To The Session You Are Registering For:	Early Bird Pricing (Before May 1 st 2017)	Late Owl Pricing (After May 1, 2017)	**UNF Member Prices (Any time)
	Individual Weeks	Individual Weeks	Individual Weeks
<input type="checkbox"/> Youth Camp (Ages 13-16) Week 1 July 9 -16	\$350	\$375	\$325
<input type="checkbox"/> Youth Camp (Ages 13-16) Week 2 July 16-23	\$350	\$375	\$325
<input type="checkbox"/> Youth Camp (Ages 13-16) Week 3 July 23-29	\$350	\$375	\$325
<input type="checkbox"/> *Youth Camp - Take All 3 weeks and get a discount!	\$325 per week!	\$325 per week!	\$325 per week!
<input type="checkbox"/> Children's Camp (Ages 7-12) Week 1 July 30-August 6	\$350	\$375	\$325
<input type="checkbox"/> Children's Camp (Ages 7-12) Week 2 August 6-13	\$350	\$375	\$325
<input type="checkbox"/> Children's Camp (Ages 7-12) Week 3 August 13-19	\$350	\$375	\$325
<input type="checkbox"/> *Children's Camp – Take All 3 weeks and get a discount!	\$325 per week!	\$325 per week!	\$325 per week!
Mandatory Uniform Fee	+\$25		

* Subject to availability of space- If no space is available for 3 consecutive weeks, no discount shall be applied

**Legal guardian of camper must be a UNF member in good standing for 2017. All memberships are verified with UNF National Office

Return This Registration Application Form Along with Appropriate Payment to Ukrainian National Federation – Toronto Branch, 145 Evans Ave. #210, Etobicoke Ontario, M8Z5X8 or scan and send to campsokil@unfcanada.ca

Parent's Signature and Acknowledgement:

I acknowledge that I have read and understand the Camp Sokil Policies as outlined on the Camp Sokil Website, and that I agree to comply with them. I understand that under certain circumstances the camp administration reserves the right to send a child home before the end of camp. I give my permission for my son/daughter to participate in all Camp Sokil activities and assume all the risks and hazards incidental to such participation and do waive, absolve, indemnify, and agree to hold harmless, other than for willful default or negligence on their part, The Ukrainian National Federation of Canada, Ukrainian National Federation Toronto Branch, UNF Camp Sokil or its employees. I give permission to Camp Sokil and its representatives to authorize medical, surgical, and dental treatment and any emergency care that may be required for my son/daughter while in attendance at Camp Sokil if I cannot be contacted.

Signed: _____ Date: _____

Office Use Only