CAMPOREE 2024 - BELIEVING IN THE PROMISE
August 5-11, 2024
Gillette, Wyoming, United States

REGISTRATION FORM

All participants must be at least 9 years old. Be sure **to** complete all lines of this form before **returning** it **to your club director's e-mail address.**
Deadline: June 13, 2024

CLUB INFORMATION

Club Name: _____

Club Director's name: _____

Church name: _____

PERSONAL INFORMATION

Full name: _____

Address: _____

Nº street, city, province, postal code

Telephone: (_____) _____ E-mail : _____

Date of birth : _____ Age on August 1, 2024 : _____

❑ Boy ❑ Girl ❑ Man ❑ Woman ❑ Club Director / assistant

Shirt size: ❑ XS ❑ S ❑ M ❑ L ❑ XL ❑ XXL Meals: ❑ Vegetarian ❑ Vegan

Adventist church Attending _____

Name(s) of parent(s) /
guardian(s)_____

Other contact: _____

Relationship to participant : _____

Home phone: (_____) _____ Cell phone: (_____) _____

Seventh-day Adventist Church - Quebec Federation
940 Ch. Chambly, Longueuil QC J4H 3M3
(450) 651-5222 / www.sdaqc.org

HEALTH RECORDS AND MEDICAL INFORMATION

Physician: _____

Office phone: (_____) _____

Health insurance card no.: _____

Expiry date: _____

Special needs : _____

Date of last tetanus injection: _____

Polio booster date:_____

HISTORY

❑ Sore throat ❑ Sleepwalking
❑ Sinusitis ❑ Heart problems
❑ Bronchitis ❑ Diabetes
❑ Asthma ❑ Fainting
❑ Bedwetting ❑ Stomach ache
❑ Convulsions ❑ Special diet
❑ Kidney problems ❑ Hemophilia

ALLERGIES

❑ Medicines ❑ Plants
❑ Animals ❑ Food
❑ Bee/insect stings
Antidote: ❑ Benadryl ❑ Anakit
❑ Epikit ❑ Others
Administered by ❑the nurse
❑ Myself
Other :
_____

DRUGS

Are you currently taking any medication?
❑ Yes ❑ No
Explain:
Drug name : _____-
_____
Dosage: _____
Time: _____
Permission to administer :
❑ Tylenol regular ❑Aspirin
❑ Nil

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CODE OF CONDUCT

I, the undersigned, _____

(Last name, first name)

agree to the conventional standards of the Seventh-day Adventist Church in my behavior, dress, language and entertainment during their journey, whether outward or return, and during the Explorers' Camp.

My relations with other participants, persons working or providing services within the framework of Camporée International 2024 are based on mutual respect, mutual understanding, courtesy, tact, civility and tolerance.

I understand that it is strictly forbidden to smoke, consume alcohol and use drugs in any form during the period of the trip and the International Camporee 2024.

I also understand that I must not enter the tents of the opposite sex. Boys are not allowed in girls' tents, and girls are not allowed in boys' tents.

Violation of any of the rules of conduct may, depending on its seriousness, engage my responsibility as a camper.

Participant's signature : _____ Date: _____
(day-month-year)

This section must be completed by the parent or legal guardian if the participant is under 18 years of age.

My child and I understand that the above code of conduct applies to both the outbound and return portions of the trip. We also understand that this code of conduct is in effect during the International Camporee.
My child agrees to abide by these rules.

I have explained to my child that any infraction, depending on its seriousness, will entail his responsibility as a camper.

Full name of parent/legal guardian: _____

Signature of parent/legal guardian:_____ Date: _____
(day-month-year)

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AUTHORIZATION TO USE THE IMAGE

I, the undersigned, (if the participant is under 18, to be completed by the parent or legal

guardian): _____

(Last name, first name)

grants the Seventh-day Adventist Church in Canada, its Conferences, International Camporee, its representatives and any person acting under their authority, irrevocable permission to publish photographs or videos taken of me or the participant at Gillette, Wyoming from August 5 to 11, 2024.

These photographs or videos may be used for publication or advertising purposes on all their platforms (social networks, website, etc.).

I release the Seventh-day Adventist Church in Canada, its Conferences, International Camporee, its representatives and any person acting under their authority from any responsibility in this regard, being also aware that they are not responsible for any non-conforming use of these photos or images by third parties.

Signature of participant /
parent / legal guardian : _____

Date: _____
(day-month-year)

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ACCIDENT OR ILLNESS

As a participant or parent or legal guardian, I accept the conditions stipulated, including the release of liability towards the Seventh-day Adventist Church in Canada, its Conferences and Camporee International in the event of accident or illness.

In case of emergency, I give permission to the chosen nurse or adult leader to hospitalize, administer treatment or order injections, anesthesia or surgery for my child.

If the applicant's medical information changes after this form has been submitted, please notify the Explorers Department of the Quebec Conference at ***explorateur_qc@sda.org****.*

Participant's signature : _____ Date: _____
(day-month-year)

Parent's signature : _____ Date: _____
(If participant is under 18) (day-month-year)

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MEDICAL INFORMATION

1. IDENTIFICATION

Camper's last name: _____

First Name: _____

Address: _____

Nº street, city, province, postal code

Telephone: (____) _____

Age: _____ Gender: M☐F☐ Date of birth _____/_____/_____

dd/mm/yyyy

Church: _____

Club manager: _____

Pastor's full name: _____

Health insurance card number' : _____

Expiry date' : _____

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2. MEDICAL HISTORY

Cardiac disorder Yes☐ No☐ Lung disorder Yes☐ No ☐

Diabetic Yes ☐ No☐ Asthma Yes☐ No ☐

Hemophilia Yes☐ No☐ Other diseases: _____

Allergies Yes ☐ No☐ Please specify: _____

Food: _____

Dairy Products:_____

Medication: _____ _____ _____

Are you currently taking any medication: Yes☐ No ☐

If so, please specify which ones:_____ _____

Date of last tetanus injection: _____

Recall date for polio immunization: _____

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List the activities you **cannot** do for medical reasons (Explain):

_____

_____

_____

In case of accident, notify: _____

(Parent/Guardian)

Home address: _____

Nº street, city, province, postal code

Phone: (_____) _____

Work address: _____

Nº street, city, province, postal code

Phone: (_____) _____

If not available, please contact: _____

Phone: (_____) _____

Work address_____

Nº street, city, province, postal code

FAMILY DOCTOR:

Nom: _____

Telephone: (_____) _____

Address: _____

Nº street, city, province, postal code

Hospital phone number: (_____) _____

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PARENTAL CONSENT

This health history is accurate to the best of my knowledge, and the person herein described has permission to participate in all prescribed activities, except that which I' have mentioned. In the event that I cannot be reached in an emergency, I hereby give permission to the physician, chosen by an adult in charge, to' hospitalize, ensure proper anesthesia, or order' injection, treatment or surgery for my child. A photocopy of this will be as valid as the original' .

Signature: _____ Date: _____/_____/_____

(Parent or guardian) dd/mm/yyyy

Additional suggestions from parents: _____

_____

_____

_____

IMPORTANT

Once you have completed all these forms, please keep a copy and include it in the documents you or your child will be traveling with.

All information is strictly confidential.

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