

Please enclose the \$35 Deposit Fee,
 completed registration and medication information,
 and release forms and mail to:
 CAMP BROOKWOOD, P.O. Box 557, Florenceville-Bristol, NB E7L 1Y8

Camper's Name: _____ Male Female

Medicare Number: _____ Expiry Date: _____

Family Doctor: _____ Phone: _____

Last Booster Shot: _____

Please note and describe any condition the camper may have, either physical or mental
 (i.e. diabetes, bedwetting, asthma, homesickness, short temper, heart disease, sleepwalking, etc.)

Any allergies? No Yes Any food allergies or sensitivities? No Yes

Any additional information about the camper for the staff? _____

Any medication the child is bringing? _____

The signature of the parent/guardian on this application shall give the Camp Director the right to obtain medical services necessary for the camper's welfare and good health, in an emergency situation. In such a situation, the camp will notify the parent/guardian as soon as possible. The parents/guardians are responsible for any additional expenses that may result from such medical services. I give authorization to the Camp Director to administer acetaminophen and/or Ibuprofen if required.

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY			
Date	Description	Amount	Balance
	All Inclusive Fee		
	Paid with Application (Minimum \$35.00)		
	Payment		
	Payment		
	Balance Owning		