

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		
	<b>Balance Owning</b>		