



LOHANA SUMMER CAMP 2009

Attach (staple)
camper's recent wallet
size photo here

August 7-9, 2009

Camper Registration Form

Registration Deadline – MAY 30, 2009

Kindly ensure you have followed the steps listed below:

1. Fill in ALL details on the form, and complete one form per camper in CAPITALS.
2. Attach one passport size photograph of camper in space provided.
3. Provide a front and back photocopy of camper's health card.
4. Provide credit card details in space provided (cost is **\$110** per camper – payment by VISA only).
5. Mail it to **Bimal Lakhani**, 843 Queen Street West, Mississauga ON, L5H 4A3 **NO LATER THAN MAY 30th, 2009.**

CAMPER'S PERSONAL INFORMATION			
Name	first name	last name	
	Birthdate	dd/month/yyyy	age (years only)
Address	Number, Street		
	City	Province	Postal Code
	Contact info	Home phone	Parent's E-mail (please ensure this is correct, it is our main contact method)
		sex	<input type="radio"/> Male <input type="radio"/> Female

CAMPER'S PARENTS + PAYMENT INFORMATION		
Dad	dad's name	dad's cell number
Mum	mum's name	mum's cell number
Visa info	Name on credit card	
	Visa number	Expiry date (mm/yyyy)

A charge of **\$110** will be made to the VISA card.

EMERGENCY CONTACT INFORMATION		
<i>(i.e. family / friend - in case either parent cannot be reached)</i>		
Contact	name	relationship
	home phone	cell phone

FOR OFFICE USE ONLY		
form fully completed and signed	<input type="checkbox"/>	photo provided <input type="checkbox"/>
Camper's Id:	health card photocopy provided	<input type="checkbox"/>
Cabin #:		

CAMPER'S MEDICAL INFORMATION

Please provide a front and back photocopy of the health card

Health Card	Health card no.	Version no. <i>(Found as one or more letters following the card number)</i>
Doctor Info	Doctor's name	Doctor's Phone

HEALTH HISTORY

Conditions	Diseases	Allergies
Frequent ear infections	Mononucleosis	Hay Fever
Convulsions	Chicken Pox	Poison Ivy
Diabetes	Measles	Insect Stings
Bleeding/clotting disorders	German Measles	Penicillin
Hypertension	Mumps	Asthma
Heart defects / disease		

Has camper ever required any psychiatric counseling or hospitalization?

Operations / Serious Injuries (with dates)

Disability / Chronic / Recurring illness

Dietary modifications /Allergies

Current medications (send with instructions)

Any specific activities to be encouraged or limited by physician's advice

Any other conditions / allergies / concerns:

PARENT'S DECLARATION

- The person named above has permission to engage in all prescribed camp activities except as noted.
- I have provided Lohana Charitable Foundation (LCF) with all the information concerning my child's health as might be required to provide such care and medical treatment as may be necessary.
- In the event of an emergency where treatment is necessary in the best interest of my child, I hereby give permission to a LCF representative to authorize physician(s) and hospital personnel(s) to provide whatever medical or surgical treatment may be necessary at that time.
- I understand and agree that LCF or representatives or volunteers assigned by them will not be responsible for loss or damage of any personal belongings.
- I will not hold any individual working on behalf of LCF responsible for any damage, or injury suffered by my child during the period of the summer camp.
- By signing this form, I agree that I have read and understood the declaration, and I authorize LCF to charge \$110 to my VISA credit card.

Parents name	Signature	Date
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