

**GIRL POWER CAMP**  
**Central Nova Women's Resource Center**  
**67 Dominion Street, Truro, Nova Scotia B2N 3P2**  
**Telephone: (902) 895-4295 Fax: (902) 895-9095**  
**admin@cnwrc.ca**

**Member Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Camp Location: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

With which parent/guardian does the child reside?

Both  Parent/Guardian 1  Parent/Guardian 2

**Emergency Contact Information**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Medical/Health Information**

Child's Health Card Number \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**PLEASE DESCRIBE IN DETAIL ALL SYMPTOMS ASSOCIATED WITH ANY OF THE FOLLOWING:**

Food allergies (please name all applicable) \_\_\_\_\_

\_\_\_\_\_

Allergies (Please name all applicable)\_\_\_\_\_

\_\_\_\_\_

Medical Conditions (Please name all applicable)\_\_\_\_\_

\_\_\_\_\_

Medications (Please name all applicable)\_\_\_\_\_

\_\_\_\_\_

Does the child self-administer this medication? Is so, when?\_\_\_\_\_

\_\_\_\_\_

Other pertinent information that we should be aware of:\_\_\_\_\_

\_\_\_\_\_

### **& Terms and Conditions &**

Thank you for registering for the Girl Power Day Camp; we look forward to providing your child with the best possible experience. **Please take the time to review and sign the following information:**

#### **TRAVEL**

Any travel partaken during the Girl Power Camps, will be excursions that involve walking by foot to local areas (i.e.: soccer field, park). This consent allows my daughter registered in this Girl Power Camp as named on the reverse to travel with Girl Power Camp Facilitators for programs and activities that may occur off the designated premises. I understand that and agree to the CNWRC Girl Power Camp’s form of transportation. Initial \_\_\_\_\_

#### **PARTICIPANT RESPONSIBILITIES**

Each member must provide their own lunch, water bottle, and sunscreen for each day. Initial \_\_\_\_\_

#### **RULES AND REGULATIONS**

To ensure safe and successful delivery of programs, the Central Nova Women’s Resource Centre strives to promote a healthy environment where children can participate in numerous fun-filled activities. To assist in providing this, specific guidelines must be adhered to. Please remember that your child’s/children’s membership to the Girl Power Camp is a privilege, and your child(ren) is/are aware of and understand(s) the rules, and follows them to the best of her/their abilities. I confirm I have read the attached Rules and Regulations.

Initial \_\_\_\_\_

**PHOTOGRAPH/VIDEO RELEASE (please print) OR WRITTEN WORDS**

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_ to participate in Girl Power photographs/videos which may be used in an end of the camp recognition for each girl, as well may be used to promote the Girl Power camp, and reflected in the CNWRC Annual General Report. Initial \_\_\_\_\_

**I HAVE READ THE TERMS AND CONDITIONS ON THIS GIRL POWER CAMP MEMBERSHIP APPLICATION.**

**Parent/Guardian** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Camp Rules and Regulations**

1. Pre-Registration is required in order to participate in the Girl Power camp
2. Appropriate language will be used at all times
3. Inclusion is accepted, intimidation is rejected
4. Respect the premises and all who enter
5. Fighting of any kind is forbidden
6. No unwanted or inappropriate physical contact
7. Theft, or the attempt to commit theft will be dealt with by the strictest consequences
8. Additional rules set in the individual camp areas must be respected
9. Have fun!