



Nova Scotia Fire Fighters Burn Treatment Society

P.O. Box 481 Dartmouth Main, Dartmouth, Nova Scotia, B2Y 3Y8
Ph: 902-471-4328 Fax: 902-835-0166 Email: info@nsffbts.ca



ADULT GUEST CAMP CONNECT APPLICATION FORM

All questions must be filled out to the fullest for the benefit of both campers and staff. You may print the form and complete it by hand or, download the form from www.nsffbts.ca/camp.html and fill it out on your computer, save the file, and then either email the form as an attachment to camp@nsffbts.ca or, print the form and send through regular mail at the address above by June 30th. The application will be returned for completion if information is omitted.

PERSONAL INFORMATION

Last Name:	First Name:
Date of Birth:	Age:
Email Address:	
Street Address:	Postal Code:
City / Town:	Province:
Home Phone:	Alternate Phone:

EMERGENCY CONTACT INFORMATION

Name:	Phone:
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CAMPER DESCRIPTION

In order to protect campers and staff and comply with the guidelines set forth by the Camping Association of NS and PEI, we require a physical description of everyone attending camp. In addition, a digital photograph will be taken at camp for identification.

Height:	Weight:
Eye Colour:	Hair Colour:
Hair Length:	Hair Style (curly, straight, etc.):
Any Distinguishing Features:	

ALLERGIES

Please check all that apply: Hay Fever Penicillin Insect Stings / Bites

Animals (specify): _____ Food (specify): _____

Other (specify): _____

MEDICAL INFORMATION

While it is not necessary to have a Doctor's examination, we strongly encourage an exam if:

- 1) You have any doubts about your ability to participate in any activity.
- 2) You have been exposed to any communicable disease.

Provincial Health Card Number:

Effective Date:

Expiry Date:

Province (if not Nova Scotia):

Name of Family Doctor:

Phone Number:

HEALTH HISTORY

Have you been in contact with any contagious or infectious diseases? YES NO

If YES, please complete the following:

Disease:

When:

Disease:

When:

Have you suffered from any of the following (Please check either YES or NO):

Convulsions: YES NO

Asthma: YES NO

Epilepsy: YES NO

Seizures: YES NO

MEDICATIONS

Please list all medications you will need to take while at camp, include dosage & frequency.

NAME	DOSAGE	FREQUENCY

Will you be responsible for taking your medication(s) independently? YES NO

Please Note: Camp staff / volunteers can remind you to take your medication but we can't administer them.

BURN SURVIVOR INFORMATION

The NSFFBTS will cover the cost for burn survivors to have you as a guest at camp. You are responsible for your own transportation to and from camp. As an invited guest, please provide the following information:

Invited to camp by:

Relationship:

CAMP CONNECT DRUG POLICY

Camp Connect has a '**ZERO TOLERANCE**' drug policy. The use/possession of illegal substances and or drug paraphernalia is a crime under the '*Controlled Drugs and Substance Act*' the '*Youth Criminal Justice Act*' and under the '*Criminal Code of Canada under section 462.2*'.

Anyone who is under the influence of drugs and or in possession of drugs and or drug paraphernalia will have proper authoritative measures taken

Drugs in Canada are regulated under the *Controlled Drugs and Substance Act*. Offences under this act include possession. Young people who commit offences under this act can be arrested and charged and can get a criminal record, subject to the *Youth Criminal Justice Act*.

The term "drug paraphernalia" refers to any equipment that is used to produce, conceal and consume illicit drugs. This includes, but is not limited to bong, roach clips, needles and various types of pipes.

****Note, the possession of Alcohol and or tobacco by minors is strictly prohibited at Camp Connect****

CAMP CONNECT CONFIDENTIALITY POLICY STATEMENT

Camp Connect is committed to handling any personal information that we may collect in a professional, respectful, and lawful manner with the national Personal Information Protection and Electronic Documents Act (PIPEDA).

Camp Connect collects personal information (names and addresses) for the purpose of communicating information about the Camp to its camping facilities and donors; and for fundraising activities. By providing this information, camping families give consent to the collection, use and disclosure by Camp Connect of personal information in accordance with this privacy policy. Any information collected for these purposes is for the sole use of Camp Connect and will not be made available to any other organization or agency.

Camp Connect collects personal information, including pertinent health records of children and adults using the camp, for the purposes of security and safety of campers while at the camp. Such information will be kept in strict confidence and used only in the case of emergency. Camp Connect agrees that such information will be secured in locked cabinets and/or a password-protected database, used only by authorized staff.

If at any time you have any questions about your personal information, please contact our Privacy Officer, Mary-Beth Rowe, at 1-902-835-0166. A copy of this Privacy Policy is available at our website: www.nsffbts.ca.

WAIVER AND CONSENT

The undersigned as the burn survivor attending the Nova Scotia Firefighters Burn Camp:

- Releases and waives all claims or rights of action against agents, volunteers, and employees of Camp Scotia Glen, the Q. E. II Health Sciences Centre, the I.W.K Hospital, the Nova Scotia Firefighters' Burn Treatment Society, in any way related to the participants at camp.
- Indemnifies all the parties mentioned above from any loss, damage, or liability which they may suffer in any way related to the participant's attendance at camp.
- Consents to routine medical treatment while the participant is at camp and to the admission to hospital upon recommendation of the staff volunteers at the camp.
- Consents to be in photographs that may be used in information pamphlets for Burn Camp, or Burn Camp presentations, or may be used for media purposes.

Signature

Date

SENDING THIS FORM BY EMAIL

If choosing to submit this form by email the form *may* not be physically signed. If submitting this form by email without a physical signature, please read the paragraph below and check the "I AGREE" box if in agreement. Failure to check the box below (only if submitting by email) will result in rejection of the entire application form. You may disregard checking the box if submitting by email with a signature above.

I AGREE

By checking the "I AGREE" box on the left, in the absence of a physical signature, I agree to all the terms outlined in this form. I also agree submitting this form electronically will effectively serve as my signature and will be binding as if signed in person.

If you are emailing this form, please allow a couple minutes for your computer to process the information in the form after clicking the button.