



## CAMP DATES AUGUST 13-20 2017

**REGISTRATION SUBMISSION DEADLINE:  
FRIDAY JULY 14, 2017**

*Foundation for Eating Disorders*

Please Note: Medical Referral (includes physical exam, lab tests and EKG) is required to be completed within the time period June 15- July 15 , 2017 and submitted by physician directly to the Camp Registrar. The Medical Referral form will be sent to the referring physician's office as identified on your registration form.

You can Register:

Online: [www.lookingglassbc.com/summer-camp/register](http://www.lookingglassbc.com/summer-camp/register)

Email: [campregistrar@lookingglassbc](mailto:campregistrar@lookingglassbc)

Mail: Camp Registrar, Looking Glass Summer Camp

4116 Angus Drive, Vancouver, BC V6J 4H9

Fax: 604-737-0548

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### CAMPER REGISTRATION FORM

**Please TYPE all information**

First Name:	Last Name:
Age:	DOB (DD/MM/YR):
PHN (MSPBC ) Number :	Smoker: Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies (food/environmental,medication):	If yes, precautions/treatment required?

**Emergency Contact While at Camp:** Contact Person must be available during the week of camp to pick up the camper, if needed.

Contact Person:	
Relationship to Camper:	
Home Phone #:	Work Phone #:
Cell Phone #	
Alternate Emergency Contact Person:	Phone #:

Please ensure the contact information is accurate, the Medical Referral form will be sent directly to the

**Referring Physician:** referring physician's office upon receipt of the Camper Registration form.

Physician:	
Fax Number:	Phone Number:
Address:	
Email:	

Note: Referring physician is either the primary treating physician or any physician who is familiar enough with the camper's health to write a medical referral.

**END OF CAMP INFORMATION:**

Pick up person please arrive at 11:00 am unless otherwise arranged. Lunch and Goodbye Ceremonies 12-2 PM.

Pick up person:
Contact #:
Alternate time/arrangements:
Buffet Lunch: How many? Veg _____ Non-Veg _____ Other (ex. Gluten Free) _____

**CAMPER INFORMATION:**

Address \_\_\_\_\_ City \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

How many LGF camps have you been to previously?

Please list below **ALL** email addresses to which camp information and updates should be sent, i.e. camper, parent, guardian, etc. \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Diagnosis \_\_\_\_\_

Family Dr's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Specialist Dr. (if any): \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital \_\_\_\_\_

**NAME OF PARENT(S) OR GUARDIAN(S) CAMPER LIVES WITH (If Applicable):**

NAME / RELATIONSHIP: \_\_\_\_\_

WORK Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME / RELATIONSHIP: \_\_\_\_\_

WORK Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

EMAIL: \_\_\_\_\_

If camper does not live with both guardians which has legal custody?

\_\_\_\_\_

Name of non-residential guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**General Medical History**

Name of Physician who should be contacted	
Primary Treating Physician:	Other Physician:
Institution:	Institution:
Address:	Address:
Phone:	Phone:
Emergency Phone:	Emergency Phone:
Pager: _____	Pager: _____
Email: _____	Email: _____

Is the camper subject to, or has had:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> German Measles  | <input type="checkbox"/> Mumps          | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Measles         | <input type="checkbox"/> Migraines       | <input type="checkbox"/> Asthma         | <input type="checkbox"/> Hepatitis      |
| <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> HIV            |
| <input type="checkbox"/> Chicken pox     | <input type="checkbox"/> Hay fever       | <input type="checkbox"/> Appendicitis   | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Frequent colds  | <input type="checkbox"/> Eczema          | <input type="checkbox"/> Diabetes       | _____                                   |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Bronchitis      | <input type="checkbox"/> Seizures       | _____                                   |
|  |  | <input type="checkbox"/> ADD/ADHD       | _____                                   |

Are there any activities that the camper should not participate in at any level? Please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the camper been recently hospitalized?  Yes  No Date: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Does the camper have the ability to walk without requiring a rest?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

Physical restrictions or limitations  wheelchair  crutches/cane  walker

splint/brace  amputation  artificial limb  hearing impaired  vision impaired

Additional Information: \_\_\_\_\_

Special needs/care requirements (psychological/social behaviour, developmental delay, etc):

Please list/describe any other known camper concerns, medical problems or special needs of the camper that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

**Immunizations**

\_\_\_\_\_

\_\_\_\_\_

Are the campers's immunizations up-to-date?  Yes  No If no, what is missing? \_\_\_\_\_

Year of last Tetanus (dpt,dt): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication**

Note: All medications administered at Camp (including over-the-counter medicines and vitamins) must appear on the camper's physical form. Each family should send all medications and any other supplies necessary for the camper while at camp. The medical staff will store and administer medications as directed by you.

DRUG NAME	DOSE	FREQUENCY

<b>Supplemental Nutrition:</b>		

*\* Please indicate any special ways to give medications. Include information about medications used to prevent nausea and vomiting and pain management if applicable. We know that medication schedules may change before the summer. All Medications should be blister packed; Pharmacies will do this for free.*

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### **Social and Emotional Adjustment**

The following questions have been designed in order to best assist both the camper and staff to have a safe and memorable experience at The Looking Glass Camp at Loon Lake. Not all activities at camp may be suitable or feasible for every camper. Whenever possible an appropriate alternative activity will be provided.

1. How does the camper interact in a group of people the same age? \_\_\_\_\_

2. How often does the camper require close supervision? Please provide accurate examples!

All of the time

Examples: \_\_\_\_\_  
 \_\_\_\_\_

Some of the time

Examples: \_\_\_\_\_  
 \_\_\_\_\_

3. How does the camper respond to authority figures/adults,?:

Examples: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Please provide any other important information that would be beneficial for the Staff of the Looking Glass Foundation to provide the ultimate camp experience!

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Privacy policy

The Looking Glass Foundation is committed to protecting personal information by following responsible information practices. We will keep your personal data safe and secure in order to better meet your service needs, to ensure the safety of campers in our care, for statistical purposes, to inform you about The Looking Glass Foundation program of service in which you are registered, and to satisfy government and regulatory obligations.

Photo/Video Release Form

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I, \_\_\_\_\_, hereby authorize

- The use, reproduction, and/or publishing of photographs and/or video that may pertain to me including my image, likeness and/or voice without compensation. I understand that this material may be used in a promotional video and may also appear on the Looking Glass website.
- Photos and/or video of me only for distribution to other campers through a password protected photo share site. Please note: Looking Glass cannot assume responsibility for photos once distributed to campers.
- I do not authorize any photos or video to be taken of me while at camp

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**READ CAREFULLY!**  
**BY SIGNING THIS AGREEMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS.**

**WAIVER OF ALL CLAIMS FOR ALL RENTALS, OUTDOOR EDUCATIONAL  
 CENTER AT UBC RESEARCH FOREST/LOON LAKE**

In consideration of the University of British Columbia permitting me to have access to the canoes, buildings and facilities, I, \_\_\_\_\_, for myself and my heirs, executors, administrators and assigns RELEASE the Lakeside Caterers, university, its Board of Governors, and its employees and servants of any claims, demands, damages, actions, losses or other proceedings arising out of or in consequence of any loss, injury or damage to my person or property as a result of my use of the canoes on the UBC Research Forest, Loon Lake notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of Lakeside Caterers, University, its servants or employees.

I understand that I am obliged to acquire and use appropriate clothing and footwear, which includes lifejackets worn at all times while in the canoes, to meet these conditions. I also understand that it is my obligation to ensure that I am adequately trained to carry out proper use of the canoe assigned to me by Lakeside Caterers. I am aware that UBC’s insurance policies do not extend to cover me while I am at the Research Forest. I acknowledge that I am responsible for myself in the canoe and that there will be no drinking of alcoholic beverage while the canoe is in my care. I also acknowledge that any damage to the canoe incurred while in my care, I will pay damage/replacement costs of said canoe.

**Print Clearly**

Participant: _____	Witness: _____
Address: _____	Signature: _____
Signature: _____	
Date: _____	Date: _____

**Emergency Contact Information**

Emergency contact:	Contact Address:
Relationship:	Telephone: _____
	Email: _____

**Administration only:**

Approved for Lakeside Caterers: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Informed Consent, Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement for Adult Participants**

PLEASE READ CAREFULLY BEFORE SIGNING

**Looking Glass Foundation – August 13-20, 2017**

PROVIDED BY PINNACLE PURSUITS

**For Outdoor Education, Team-Building & Adventure Learning Programs**

Welcome to your adventure experience! Pinnacle Pursuits, since 1997, has been providing action-based group learning experiences focusing on team-building, leadership training, and adventure programming. We work with youth, families, and companies domestically and world-wide. Our risk management policy and program standards for each event are of the highest priority.

**1. Program Description**

This custom program is designed specifically for Looking Glass Foundation and will be held on August 13-20, 2017 at Loon Lake. The program activities will be facilitated around the objectives of your group. Thank you for reading and signing the form below and also for providing us with any medical information that is important for us to know for this program.

**2. Participant's Acknowledgment of Risks and Agreement to Release and Hold Harmless.**

In CONSIDERATION of the services provided by Pinnacle Pursuits Inc. their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as Pinnacle Pursuits) it is hereby UNDERSTOOD and therefore I AGREE to release, indemnify, and discharge Pinnacle Pursuits Inc, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- a) I acknowledge that my participation in any and all educational and adventure-based activities is purely voluntary. Activities include, but are not limited to; hiking, archery, rock climbing, canoeing, rappelling, raft building, high ropes & low ropes challenge courses, forest based activities, meaningful arts and crafts, theatre and self-expression workshops, as well as various team-building challenges entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities or the event.
- b) I expressly agree and promise to accept and assume all of the risks existing in these activities. My participation in these activities is purely voluntary. If there is something I do not understand I will ask questions until I understand. If there is something that I do not feel comfortable with, I will choose not to participate. I will inform Pinnacle Pursuits staff of any physical injuries, medical concerns, allergies, or emotional fears and phobias that may impact my involvement in today's program.
- c) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Pinnacle Pursuits and any land-owners or building-owners, on or in which these activities take place, from any and all claims, demands, or causes of action, which are in any way connected with my participation in these activities.
- d) Should Pinnacle Pursuits or anyone acting on their behalf, be required to incur lawyer's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- e) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else agree to bear the costs of such injury or damage myself. I am completing a medical form that details any medical or physical conditions that I have in case an emergency does arise where such information is necessary to help deal with the health issue. These will be kept on file during the event and stay fully confidential.
- f) In the event that I file a lawsuit against Pinnacle Pursuits, I agree to do so solely in the province of British Columbia, and I further agree that the laws of that province shall apply in that action without regard to the conflict of law rules of that province. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- h) I have had sufficient opportunity to read and understand this entire document. I have READ it, and I AGREE to be bound by its terms.

**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tel or Cell #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Tel or Cell #:** \_\_\_\_\_

Please list any health conditions or medical issues not previously disclosed that we ought to be aware of (including previous and current injuries).

**Signature:** \_\_\_\_\_ **at (city)** \_\_\_\_\_

Pinnacle Pursuits' would like to share with you: exclusive offers on custom programs, updates about our latest events, information and tips on how to better yourself, reach your goals and build rock solid teams around you and MORE...

(Optional) Sign up and receive Pinnacle Pursuit's monthly e-newsletter. E-mail: \_\_\_\_\_



Thank you for reading, completing and signing this informed consent agreement.

For more information please visit us at [www.PinnaclePursuits.com](http://www.PinnaclePursuits.com).

