



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

Email: campregistrar@lookingglassbc.com

Mail: Camp Registrar, Looking Glass Summer Camp
4116 Angus Drive, Vancouver, BC V6J 4H9

Fax: 604-737-0548

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 did you
hear about camp?

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) C5 A D9F LIVES WITH:

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

Supplemental Nutrition:		

** 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.*

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 child's 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/my child including my child's 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 my child 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 my child while at camp

Parent or guardian if camper under 18 yrs.

Print name

Signature

Fcvg

Child's Name: _____

Waiver and Consent for Medical Treatment

I, _____ hereby grant permission to the nurses, staff and consulting physicians at the Looking Glass Camp at Loon Lake to administer medication and provide medical and other care for my child, including transportation deemed necessary or appropriate in the sole discretion the Looking Glass Foundation, in connection with the treatment of my child. I also assume full financial responsibility for any and all medical and other expenses incurred for or on behalf of my child while at the Looking Glass Foundation or offsite. I understand, all information pertaining to my child, will be treated confidentially by, the Looking Glass Foundation. However, I agree that said information may be shared with/released to appropriate personal and/or third parties by the Looking Glass Foundation for the purpose of treating and/or supervising my child (including, but not limited to nursing, medical and other camp staff, insurance companies).

I also authorize staff of The Looking Glass Foundation to administer over the counter medication on an as needed basis. Example: giving my child pain medicine when he/she has a headache.

In permitting my child to attend the Looking Glass Camp at Loon Lake, I, the undersigned permit my child to participate in the full range of camp activities and authorize the Camp Director or his/her appointee, in the event of accident or illness affecting this above named camper to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well being of the camper. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the camp is not responsible for medical care costs.

Assumption of all Liability

I, the undersigned Parent/Guardian assume full responsibility for any damage or destruction of camp property as a result of the actions of my child, and I understand that I will be billed for and such damage and/or destruction.

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE.

Parent/ Guardian 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: _____
Parent/Guardian Signature: _____	
Date: _____	Date: _____

Emergency Contact Information

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

Administration only:

Approved for Lakeside Caterers: _____

Position: _____ Date: _____

Informed Consent, Acknowledgement of Risks Agreement for Youth Participants

(Participants under the age of 19 must have this form signed by a parent or legal guardian)

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.

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 Looking Glass Foundation. 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.

ASSUMPTION OF RISK:

I, _____ (the parent/guardian) of _____ (child's name), acknowledge and are aware of, appreciate and accept the inherent physical risks and other possible risks, dangers and hazards associated with being a participant on a trip sanctioned by Looking Glass Foundation. I acknowledge that my dependant's participation in the program is purely voluntary. Activities involved in this trip may include: 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. For more information on Pinnacle Pursuits, please visit www.pinnaclepursuits.com.

I understand that outdoor, adventure-based activities present to the participant a wide variety of risks, hazards and conditions, not all of them easily foreseeable, which could result in any type of physical injury or emotional impact. These conditions may include, but are not limited to uneven terrain, changeable weather conditions, animal and plant life, gear and equipment including various types of safety gear. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I understand that Looking Glass Foundation is not always equipped with the skills, training, equipment and insurance necessary to undertake these types of educational activities, and will at times need to enlist the aid of outside agencies that embody and abide by high professional standards within their industry. I acknowledge that the outside agency involved in this particular educational trip is Pinnacle Pursuits Inc. Pinnacle Pursuits and Looking Glass Foundation have both read and sanctioned this Agreement.

I expressly agree and promise to accept and assume all of the risks existing in this activity that are in my control. My child does not have to participate in the activities if they do not feel comfortable or confident doing so. I certify that my child has no medical or physical conditions, which could interfere with their safety, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

I understand that both the organization and the above-mentioned outside agency or agencies will approach this trip with both care and planning. While the trip is underway, they will endeavour to instruct, protect and care for the well being of my dependent, as would I in their place, including making decisions regarding the medical care of my dependent. I also understand that, following all trip activities that they will continue to maintain professional standards of behaviour regarding my dependent.

I understand that my dependent will be expected to uphold the standards of behaviour expected of them from the organization. (S)he will be expected to listen to and honour any request, suggestion, advice or rule given by the staff, employees of the outside agency selected by the organization, and other supervising adults on the trip, with the understanding that this is in the best interest of all participants. (S)he will be expected to act with responsibility and care for themselves, and for others on the trip.

ACKNOWLEDGEMENT:

I am aware that there are risks involved in this program, and have decided that I am prepared to allow my dependent to participate in the program and all activities involved in the program. I am content to allow them to proceed on the trip as they wish.

By signing below, I acknowledge that I have read and understood this Informed Consent Agreement, and that I have executed it voluntarily, understanding it to be binding upon myself, my heirs, administrators, executors, assigns, and representatives and am allowing my dependent to participant in this program.

DATE _____

Signature of custodial parent/guardian

Signature of Witness (must be of provincial age of majority)

Printed name of custodial parent/guardian

Printed name of Witness (must be of provincial age of majority)



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

For more information please visit us at www.PinnaclePursuits.com.



Emergency Information:

(Participants under the age of 19 must have this form signed by a parent or legal guardian)

Parent/Guardian Signature: _____ Printed Name: _____

Address: _____

Province _____ Postal Code: _____ Date: _____

Home Phone: _____ Emergency Contact: _____ Phone #: _____

Medical Plan/Province: _____ Medical Plan #: _____

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

What was the date of your last Tetanus inoculation or booster? Month: _____ Year: _____