

CAMP RANKIN 2007 REGISTRATION FORM

OFFICES USE ONLY:

Receipt #: _____ Date Received at the 4-H office In Truro: _____

Enclose registration fee of \$175.00 (HST included) with application form. NO post-dated cheques accepted; No refunds after camp begins; refund ONLY available if office is notified seven days prior to camp-if child is not able to attend. Please make cheques payable to NS Dept. of Agriculture Camp Rankin. All completed (in full) and paid applications are processed by the date it arrives in the Provincial 4-H office.

Application deadline is May 1, 2007. 4-H members may be asked to attend a camp other than their preference to accommodate as many campers as possible. Bus transportation to and from camp is provided by a licensed carrier and the cost is included in the camp registration fee. The designated stops may change from year to year depending on applications received and the approved bus tender.

Please Print All Information:

NAME: _____

MAILING/ CIVIC ADDRESS/ COUNTY/ POSTAL CODE: _____

AGE(as of Jan. 1st): _____ BIRTH DATE: _____

PHONE #: _____ CLUB: _____ SEX: M F

Have you attended Camp Rankin before, if so what years? _____

Any other youth camps? (Please list, with year attended) _____

Room-mate preference? _____

Achievement Day Date (if known): _____

Please note that applications within each camp will be on a first come, first serve basis at the discretion of the 4-H office. After the May 1st deadline, individual camps will be filled by members who are on the waiting list for their choice of camp as indicated on their application. Every effort will be made to put you in the same cabin as your preferred roommate, however, this is not always possible.

The camp program includes canoeing, crafts, nature study, drama, 4-H, hiking, swimming, and recreation. The camp program is a physically demanding one. Campers are expected to participate in all activities. If a camper has a medical problem and cannot take part in some aspect of the program, it should be clearly stated on this form.

MEDICAL RECORDS:

Does your child have any physical disabilities, allergies or other medical problems requiring special treatment (including if your child has a bed-wetting problem)? Yes ___ No ___ If so, please indicate what the problem is, and the treatment.

Name and Number of a family friend or relative in case parent/guardian cannot be reached:

N.S. HEALTH CARD#: _____

Expiry Date: _____

Family Doctor: _____

Phone Number: _____

I hereby give my son/daughter permission to attend 4-H Camp and realize that he/she does so at his/her own risk. If he/she is sick during camp, I give the Director permission for him/her to see a Doctor

Signature of Parent/Guardian

Print name: _____

In an effort to fill camps more efficiently we have made some adjustments to the transportation schedule as noted below.

Please rank junior camps in order of preference (1 - 4):

Junior Camps (9 - 12 years as of 4-H year)

- | | |
|------------------|---|
| ___ July 1 - 7 | *Bus stops: Bridgewater, Middleton, New Glasgow, Camp Rankin. |
| ___ July 8 - 14 | *Bus stops: Windsor, Truro, Camp Rankin. |
| ___ July 15 - 21 | *Bus stops: Antigonish, Camp Rankin. |
| ___ July 22 -28 | *Bus stops: New Glasgow, Whycomomagh, Camp. |

Intermediate Camp (13-15 years of age as of 4-H year)

- ___ July 29 - August 4 Intermediate Camp. *Bus stops: Windsor, Truro, Antigonish, Port Hawkesbury, Camp Rankin

- I shall be a good camper and live up to the rules set by the Camp Director.

_____ - Signature of 4-H Member Print name: _____

- I recommend that this 4-H member, be accepted at Camp Rankin.

_____ - Signature of 4-H Leader Print name: _____

RETURN BY May 1, 2007 with cheque (*not post dated*) or money order to: Camp Rankin, 4-H and Rural Organizations, Nova Scotia Department of Agriculture 157 College Road, P.O. Box 550 Truro, N.S. B2N 5E3 Fax: 893-2757

Privacy Statement -The Nova Scotia 4-H Program protects your personal information by adhering to the Freedom of Information and Protection of Privacy Act and other legislative requirements with respect to your privacy. We use and we may share your personal information with 4-H program partners to provide program services, to administer program activities and services, to keep you informed about 4-H activities and services, for statistical and research purposes, to satisfy government and regulatory obligations and to contact you from time to time regarding 4-H program activities and services. We may share and release your personal information for program and services and for activity publicity which may include the release of your name, your photograph, the 4-H club, the community and the county that you are from. By completing and signing this form you understand and are consenting to the use of and sharing of necessary information as described above. For more information contact the 4-H Program by letter at 4-H Program, PO Box 550, Truro, N.S., B2N 5E3.