

# CAMP RANKIN Camper Application 2019



Date received (for office use only): \_\_\_\_\_

**Applicants must be between the ages of 9 – 12 to apply for the Junior Camps and 13 – 15 to apply for Intermediate Camps**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ 4-H Age: \_\_\_\_\_

Mailing/Civic Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Work: \_\_\_\_\_

**Primary Daytime Contact Number:**  Work  Cell  Home

Health Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Contact Information (if different from above): \_\_\_\_\_

## MEDICAL HISTORY

Family Doctor: \_\_\_\_\_ Contact number: \_\_\_\_\_

Do you have any allergies? Yes  No

Do you have any other medical conditions? Yes  No  Do you carry an EpiPen? Yes  No

Is there anything preventing you from participating in physical activity: (*hiking, sports, etc.*) Yes  No

If yes, **to any of the above**, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please specify any **dietary restrictions**: \_\_\_\_\_

\_\_\_\_\_



## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Camper: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Camper: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## CAMP INFORMATION

Are you a 4-H Member? Yes  No  If yes, which club? \_\_\_\_\_

If no, who were you invited by? \_\_\_\_\_ Club Name: \_\_\_\_\_

If yes, did you invite a non-member buddy? Yes  No  Buddy's Name: \_\_\_\_\_

4-H Age (Age as of January 1): \_\_\_\_\_ County: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

Have you attended Camp Rankin before?  Yes  No If yes, when? \_\_\_\_\_

Have you attended other youth camps before?  Yes  No

If yes, please list which years: \_\_\_\_\_

Name of 4-H Leader you would like to use as a reference: \_\_\_\_\_

Which week of camp do you wish to attend?  July 7 – 12 *Junior*  July 28 – August 2 *Intermediate*  
*Please choose your first and second choice by placing a 1 or 2 in the boxes of your choice. We will accommodate first choices on a first come first serve basis.*  July 14 – 19 *Junior*  August 4 – 9 *Intermediate*  
 July 21 – 26 *Junior*

### Bus Stop Preference:

**Week 1 (July 7 – 12)**  Bridgewater,  Middleton,  Windsor, or  Antigonish  
Week 2 (July 14 – 19)  Windsor or  Truro  
**Week 3 (July 21 – 26)**  Windsor,  Truro,  New Glasgow,  Antigonish or  Whycomomagh  
Week 4 (July 28 – Aug 2)  Windsor,  Truro,  New Glasgow, or  Antigonish  
**Week 5 (Aug 4 – Aug 9)**  Windsor,  Truro,  New Glasgow,  Antigonish, or  Whycomomagh

*\*Please indicate if there is another location that would best suit your camper. We will try our best to accommodate with the bus company, if possible.*

*\*\*Bus schedule will be sent along with acceptance letter.*

**T-Shirt Size:** Youth  S  M  L  XL  
Women's  XS  S  M  L  XL  XXL  XXXL  
Men's  XS  S  M  L  XL  XXL  XXXL

### Acceptance Package

Should I be accepted, I would like to receive my Camp Rankin acceptance package via  Email  Mail

## REGISTRATION

**Registration Fee:** \$235.00 (includes t-shirt and draw-string bag)

\*Registration fee must be paid in full to be guaranteed a space within the camp.

\*\*Refunds will be available up to 12 days prior to your camper's departure date.

Credit Card by Phone (902) 920-0192 or In-Person (see address below)

Cheque (Mail to address below with Attn: Event Facilitator or drop off in person)

**Method of Payment:**

**\*\*Please make cheques payable to 4-H Nova Scotia & include Camper's name(s) in Memo field.**

County Scholarship Recipient

Voucher # \_\_\_\_\_ (Please enclose voucher in envelope with application)

I hereby give my child permission to attend 4-H Nova Scotia's Camp Rankin program and realize that they do so at their own risk. If my child is sick during camp, I give the Director permission to have him/her see a doctor.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Return on or Before April 28, 2019 to:**

*\*\*Applications that are not received in the 4-H Nova Scotia office on, or before, the above date are not guaranteed acceptance.*

**Mail:** Event Facilitator, 4-H Nova Scotia  
PO Box 30066, Robie PO  
Truro, NS B2N 7J1

**In-Person:** 90 Research Drive, Suite 122, Bible Hill, NS B6L 2R2

**Email:** kayla.graham@4hnovascotia.ca

**Fax:** 902-920-0192