**YOUTH SYNOD (Youth ages 13 – 24)**

**YOUTH SYNOD FEES: $200**

*Bursaries are often available to subsidize fees. Please make a request to the Parish Priest of the local Algoma Anglican church you attend.*

Amount Enclosed: \_\_\_\_\_\_\_\_\_\_\_\_

◻ Cheque ◻ Cash

(please make cheques payable to Diocese of Algoma)

**Sunday, June 30 - Wednesday, July 3, 2019**

**Camp Directors:**

Laurie Sandham 807.707.3048 [lauriesandham@gmail.com](mailto:lauriesandham@gmail.com)

Jesslynn Emms 705.477.1976 [emms.jesslynn@gmail.com](mailto:emms.jesslynn@gmail.com)

To register for Youth Synod, **please complete and return** this form together **with the total camp fee** to the camp registrar:

**Carrie Birtch:** 9 – 123 Greenwood Ave., North Bay, ON P1B 5E8

*Questions about registration?*Contact Carrie at [carrieg2626@hotmail.com](mailto:carrieg2626@hotmail.com) or 705-499-0184

**Camper Information:**

Name ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prov. \_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: H \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M◻ F◻ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age at Camp Time \_\_\_\_\_\_\_\_ 1st time at Youth Synod? Y◻ N◻ Swimming Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cabin Mate Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anglican Parish Camper Represents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parish Priest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information:**

1st Parent/Guardian ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Camp Manitou Bay of Islands to communicate with me via email: Y◻ N◻

2nd Parent/Guardian ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Camp Manitou Bay of Islands to communicate with me via email: Y◻ N◻

Legal Custody Arrangement (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Emergency Contact Information:**

Name ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Name ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ontario Health Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Plan Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drug Plan # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_ Immunizations up-to-date? **Y**◻  **N**◻

**Allergies/Susceptibilities** *(Provide details on a separate sheet if necessary)*

Foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insect Bites \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check any of the following that apply to the camper.**

◻Frequent headaches ◻Menstrual cramps ◻Fainting spells ◻Chronic ear infections

◻ Diabetes ◻Anaphylactic reactions ◻Epilepsy ◻Heart defects

◻Sleep walking ◻Bed wetting ◻Trouble sleeping ◻Attention deficit disorders ◻Developmental disabilities ◻Nose bleeds ◻Visual or hearing disorders   
◻Asthma or other breathing disorders ***IF YOU CHECKED ANY OF THESE, PLEASE PROVIDE AN OUTINE OF THE SPECIFIC CONDITION & USUAL TREATMENT ON A SEPARATE SHEET.*Should the need arise,** please check the non-prescription medications or treatments the Camp Health Provider is authorized to administer to the camper in addition to any prescription medications brought to camp by the camper:

**MEDICATION:** Does the camper take any prescription medication on a daily basis? Y◻ N◻   
Note: All prescribed medication must be clearly labeled & given to the Camp Health Provider upon arrival.

◻Acetaminophen (Tylenol) ◻Antidiarrheals ◻Antihistamines ◻Cough Suppressants

◻Decongestants ◻Laxatives ◻Midol ◻Throat Lozenges

List any concerns which may prevent the camper from participating fully in a vigorous camp program (i.e. significant past experiences, fears): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SMOKING IS NOT PERMITTED AT CAMP MANITOU**

**PARENT/GUARDIAN AUTHORIZATION** (to be filled out by parent/legal guardian if youth is under the age of 18)

**Please indicate by checking that you have read, and agree with, each of the following:**

To the best of my knowledge the above-named applicant is in good health. She/he has my permission to participate in a vigorous camp program that may include swimming, canoeing/kayaking and hiking. **Y◻ N◻**

I understand that while every care and attention will be given to the health, safety and comfort of the camper, neither the Camp Co-Directors nor Camp Manitou Bay of Islands nor the Diocese of Algoma can be held responsible for any accident that may occur. Should emergency medical care be required, I hereby authorize the Camp Co-Directors to secure such medical advice and services as deemed necessary for the health and welfare of the camper. I agree to accept financial responsibility for costs in excess of the benefits allowed under the Ontario Hospital and Camp Insurance plans. **Y◻ N◻**

I understand Camp Manitou is a remote, boat access only facility & as such emergency evacuation can be a challenge. **Y◻ N◻**

I give full permission for my minor’s photograph or electronic or video image taken at Camp Manitou to be used for youth ministry promotion by the Diocese of Algoma in the media, Diocesan publications or website. **Y◻ N◻**

I give full permission to share my minor’s email address with others attending Youth Synod. **Y◻ N◻**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Parent/Guardian Date Print Name of Parent/Guardian**

**CAMPER COVENANT:** I am participating in Youth Synod as part of a Christian community that is built on mutual trust and cooperation. To do my part in making this event a success, I will respect fellow campers, Youth Synod leaders, and Camp Manitou staff and all Camp rules. These rules include abiding by the curfew, not bringing or consuming any alcohol, cannabis or illegal drugs. I will do everything in my power to keep myself and my fellow campers safe. I understand that problematic behavior can lead to an early departure at my expense. I appreciate that Camp Manitou is a natural treasure. Therefore I will respect the environment, as well as Camp Manitou’s buildings and facilities.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Camper Date Print Name of Parent/Guardian Date**