



Camp 2007 Registration Form

When: August 19th – 24th, 2007

Where: Surrey, BC

Who: Girls aged 12 and above

Cost: \$130 (Fee will increase after July 31st, 2007)

For more details about Kaur's United International Sikh Women's Camp 2007, please visit www.kaur'sunited.org.

I, _____ (Parent or Guardian or camper if over the age of 19), give my daughter (if applicable) _____ permission to attend and participate in the Kaur's United Camp 2007 at Camp Alexandra, White Rock, BC.

I understand that I/my child will be participating in activities such as keertan darbars, lectures, workshops, gatka training, paintballing, archery, football, basketball, soccer, and any other activities the organizer may deem fit for this camp.

I understand that Kaur's United, its directors, volunteers, predecessors, successors, parents, and associated companies are not liable for any injury that occurs to any participant while participating in any camp activities or loss of or damage to any property of any participants.

Signature of Parent/Guardian or Camper if over 19 years of age

Date

General Information

Name _____ Age _____

Email address _____

Phone Number _____

If there is **one** person who you would like to have in your cabin, please write their name here and ensure that your name is on there form as well:

Have you attended...

- A previous Kaur's United Camp?
- Any other Kaur's United Events?

Are you able to play the vaja and sing keertan or simran?

Yes No Learning

Are you able to play tabla?

Yes No Learning

Are you able to play any other instrument?

Yes No

If yes, which instrument? _____

Are you able to recite Ardaas in Sangat?

Yes No Learning

Have you had Santhia (formal classes for Gurbani pronunciation) of any banis? Please mark which ones.

Yes No

- Japji Sahib
- Jaap Sahib
- Twaiparsaad Swayey
- Chaupai Sahib
- Anand Sahib
- Rehraas Sahib
- Kirtan Sohila
- Guru Granth Sahib Ji
- Other (Please specify) _____

Are you willing to recite Nitnem or take Hukamnama at camp? Yes No

Camper Medical Information

Name _____

Address _____

Postal Code _____ Country _____

Date of Birth _____

Care Card Number

Emergency Contact (in Canada):

Name _____

Home Ph. _____

Cell _____

Relationship to camper _____

Medical History

Have you ever experienced any of the following?

- Arthritis
- Ear troubles
- Motion sickness
- Tonsillitis
- Kidney trouble
- Sleepwalking
- Fainting
- Epilepsy
- Nightmares
- Convulsions
- Heart condition
- Sinus troubles
- Rheumatism
- Skin diseases
- Hysteria
- Diabetes
- Migraines
- Nose Bleeds
- High blood pressure
- Asthma
- Seizure disorder
- Boils
- Bronchitis
- Frequent colds
- Anaemia
- Other – please specify:

Allergies

Please list any allergies and their reactions (food, drugs, insect bites, hay fever, etc.):

Please explain any specific treatment or drugs for any of the above listed allergies or ailments (Eg. use of hypo-spray for asthmatic condition or anaphylactic injection for bee stings):

Are you taking any prescription or non-prescription drugs? Yes No

Name of drug _____

Reason for taking drug _____

All of the information is accurate as of today's date. If there are any changes between now and the camp, I agree to contact Kaur's United with updated information.

Signature of Parent/Guardian/Camper (if over 19 years of age)

Date _____

Printed Name _____

Consent to Medical Treatment

PLEASE READ THIS SECTION CAREFULLY

I agree that Kaur's United, its directors, counsellors and volunteers accept no liability in connection with the supervision or administration of medication to my child.

Kaur's United will not supervise the administration of prescribed medication to campers unless the parent or guardian **expressly authorizes the administration of medication at camp, and provides explicit written instructions regarding the manner in which the medication is to be administered, and there is staff available to undertake this task.**

1. I **do not** wish my daughter to be given any medication while she is at Kaur's United Camp 2007

Signature _____

Printed name _____

Date _____

2. I **do** hereby consent to administering prescription medication and emergency medical treatment to my daughter while she is at Kaur's United Camp 2007.

Camper Drug Allergies _____

Signature _____

Printed name _____

Date _____

Checklist for registration...

- Have you made your cheque payable to the **Guru Nanak Academy** with the appropriate amount?
- Have you signed in the appropriate places on pages 1, 2, and 3?
- Have you included your Care Card number on page 2?
- Have you checked over all of your personal information?
- If you have any questions about the registration form, please don't hesitate to contact us.
- Don't forget to visit www.kaur'sunited.org for details on what to bring and what to expect!

We'll see you at camp!