



## Youth Enterprise Camp Entreprise Jeunesse

presented by the Algoma and Manitoulin Community Futures Development Corporations  
and Algoma University at

Algoma University  
Sault Ste Marie Ontario

For detailed information visit [www.campbiz.ca](http://www.campbiz.ca) or contact the East Algoma  
CFDC at 705-356-1152 /888-227-3569

### **Please Submit Registration Form ASAP to:**

**East Algoma CFDC  
Box 398  
Blind River, ON P0R 1B0**

Name of child: \_\_\_\_\_  
Last First Middle

Age: \_\_\_\_ Date of birth: \_\_\_\_\_ Sex \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Month / Day / Year

Colour of eyes: \_\_\_\_\_ Colour of hair: \_\_\_\_\_

Camp T-Shirt size: \_\_\_\_\_

Does your child require a life jacket when swimming? Yes [ ] No [ ]

Your child speaks: [ ] French [ ] English [ ] Both [ ] Other(specify)

Does your child have friends attending Camp with him/her? No [ ]  
Yes [ ]

\_\_\_\_\_  
(names)

**Medical Information**

1. DOES THE CAMPER HAVE ANY ALLERGIES? Yes \_\_\_\_ No \_\_\_\_

If yes, WHAT IS THE CAMPER ALLERGIC TO: \_\_\_\_\_

\_\_\_\_\_ (allergies to food, drugs, beestings, etc?)

What is the allergic reaction: \_\_\_\_\_

What action needs to be taken if camper has an allergic reaction? \_\_\_\_\_

2. In recent months, has there been any previous major illness, broken bones or operations?

Yes \_\_\_\_ No \_\_\_\_ If yes, what? \_\_\_\_\_

3. IS THE CAMPER ON ANY MEDICATION? (prescription or non-perscription)

Yes \_\_\_\_ No \_\_\_\_

If yes, will it effect them during camp? Yes \_\_\_\_ No \_\_\_\_ In what way? \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for taking medication: \_\_\_\_\_

Is medication required at camp? Yes \_\_\_\_ No \_\_\_\_ If so, what? \_\_\_\_\_

Dosage \_\_\_\_\_

Will medication be given to the camper before arrival at the camp? \_\_\_\_\_

Will the camper be carrying/requiring any medication to be taken/administered at camp?  
(ANA kit, EPI Pen, asthma ventilator, Ritalin or other stimulants) Yes \_\_\_\_ No \_\_\_\_

Name of medication: \_\_\_\_\_

**\*\*\*If camper is to receive any medication, including Tylenol, PLEASE SUBMIT A COPY OF THE CONSENT TO ADMINISTER MEDICATION FORM**

1. CAN ASPIRIN OR TYLENOL BE ADMINISTERED? Yes \_\_\_\_ No \_\_\_\_

2. DATE OF LAST TETANUS INJECTION? \_\_\_\_\_

3. ARE VACCINATIONS UP TO DATE? Yes \_\_\_\_ No \_\_\_\_

4. SPECIAL INSTRUCTIONS: (diet, dietary restrictions, rest, exercise, activity related)

Yes \_\_\_\_ No \_\_\_\_ Details \_\_\_\_\_

5. Are there any activities the camper may not participate in because of medical reasons?

Yes \_\_\_\_ No \_\_\_\_ Details \_\_\_\_\_

6. Does the camper have any special needs that our staff needs to be aware of?

Yes \_\_\_\_ No \_\_\_\_ Details \_\_\_\_\_

7. Is the camper under any form of treatment for any physical or emotional illness, condition or injury?

Yes \_\_\_\_ No \_\_\_\_ Details \_\_\_\_\_

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Please attach additional page(s) to explain in further detail any of the information needed and submit with this form.

\*\*\*ONTARIO HEALTH CARD NUMBER: \_\_\_\_\_

\*\*\*FAMILY PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any emotional problems or physical handicaps? If yes, specify:

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

Does your child have any particular fears? Please describe:

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

Do you have any particular concerns about your child's eating habits?

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

Is there anything else in your child's developmental history that we should be aware of?

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

Have there recently been any recent separations, illness, or death in the family/friends?

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

Other problems/concerns not mentioned above:

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

**\*\*\*Other Information:**

Name of parent or guardian \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of father's employer: \_\_\_\_\_

Business Tel. #: \_\_\_\_\_ Hours of work: \_\_\_\_\_

Name of mother's employer: \_\_\_\_\_

Business Tel #: \_\_\_\_\_ Hours of work: \_\_\_\_\_

**\*\*\*EMERGENCY CONTACT DURING CAMP:**

\_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Guardian  
(Please Print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

\*\*Participants will be required to submit a short briefing of 100 or more words as to "Why you should be selected to go this camp". The purpose of the Enterprise camp is to introduce youth to the world of business therefore no prior knowledge or experience with business is necessary.