

Cracovia Dance Camp on Pigeon Lake (St.Basil Camp)

Cracovia Folklore Dance Studio Association
4232 - 89 Street, Edmonton, AB, T6K 1B9

Application Form

Camper's Name.....

Date of Birth.....

Name of Parents/Guardians.....

Address.....Postal code.....

Phone (home).....(work).....

In case of emergency contact:

Name.....Phone:.....
....

Medical Information

Family Doctor.....phone:.....

Health Care No:.....

Allergies – Food/Drug/Skin/Sun/other:.....

List all medications Camper is presently taking or requires (Please clearly label all Medications)
.....

Please detail any existing medical conditions as well as any special attentions required by the child during their stay (i.e.: asthma, diabetes, hyperactivity, etc...):
.....

ALL CAMPERS staying at Cracovia Dance Camp (Camp St.Basil) are subject to its regulations and directives of its director, who reserves the sole right to dismiss any camper if, in their judgment, such action is warranted. No campers shall be permitted to return home or to any other place before the completion of the camp. Should there be a need for a child to leave camp for a valid reason, please ensure that this information be given directly to the camp director.

In consideration of my child/ward being admitted to camp St.Basil, I hereby release the order of St.Basil, its camp and representatives from all damages arising from any accident or injury which is caused by, or arises from, participation of the applicant hereon, during any program or in any location where a program is being held.

On acceptance of (name).....as a participant in the Cracovia Summer Dance Camp program, I give full consent that they approve medical treatment and aid on behalf of my child/ward, including admission to any hospital or clinic as deemed advisable and this shall be sufficient authority to do so.

Except for ordinary infirmity care, which is provided free of charge, all medical, surgical and dental expenses incurred by the Camper shall be borne by the Parent/Guardian

Camp Administration is not responsible for any valuables lost by a Camper during the stay. Please mark all clothing and other personal articles with Camper full name!!

I herby consent to above mentioned rules and regulations of Cracovia St. Basil Camp:

Signature of Parent/Guardian

Print Name: _____ Dated: _____

Mailing Address for Applications and Payment:

Cracovia Folklore Dance Studio (Camp)
Walenty Michalik
4232 – 89 Street
Edmonton, Alberta
T6K 1B9