



Saskatchewan Brain Injury Association

230 Avenue R South, SPH Residence, C-Wing, Room 422 | Saskatoon, SK | S7M 2Z1
Phone: 1.888.373.1555 | Website: www.sbia.ca | Email: info_sbia@sasktel.net

Camp Registration & Medical Forms

Registration Due: June 1st

Name: _____ Chapter: _____

Names of Other Family members included on this form: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Name First & Last	Age	Mobility Please be specific	Other Special Needs	Dietary Needs &/or Allergies	Fee \$75/person \$250/family of 4
<i>Please send us as much information as possible regarding your needs.</i>			Less \$10 Members		
TOTAL:					\$

WAIVER: ALL prescription medications, medicinal licenses and patient information regarding them must be given to the Camp Nurse when you arrive at Camp. No alcohol or illegal drugs are allowed on the premises.
If you are asked to leave camp for not abiding by the rules, you will be responsible for any costs associated with you going home. I hereby authorize Saskatchewan Brain Injury Association to release and to publish, in print or non-print form, any photographs, videos or recordings taken of my children and/or myself while attending this camp.

Signature of Participant or Family Representative: _____ Date: _____

Please enclose a cheque for your registration
(if cost is a problem, please contact us)
Fees are non-refundable

MAIL this form & your cheque to:
SBIA, 230 Avenue R South, SPH Residence, C-Wing, Room 422 | Saskatoon, SK | S7M 2Z1
If you have any questions please feel free to contact Tracey Monette at sbia.events@sasktel.net



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Camp Health Form

Completion of this form is required for SBIA camp.

The information on this form may be used by SBIA representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed.

In an Emergency Please Notify:

Name: _____

Relationship: _____

Phone (Home): _____

Phone (cell): _____

MEDICAL INFORMATION FOR ALL REGISTERED CAMPERS:

Campers Name:	Prescribed &/or any Over the Counter Medications:	Other Important Medical Information:

Please note that is your responsibility to ensure your safety with regards to your allergy. We will however advise catering staff of your food allergy.

Can any of the applicants on this form walk up & down steep stairs?

YES NO If no, please advise which camper & why: _____

WAIVER: I hereby authorize a SBIA Representative to secure such medical advice and services as may be deemed necessary for my health and safety. I agree to accept financial responsibility in excess of the benefits allowed by my provincial/territorial health plan.

Signature of Participant or Family Representative: _____ Date: _____

Please ensure BOTH pages of this form are completed.

Your personal information will be used only for the SBIA Camp and will be destroyed following camp.