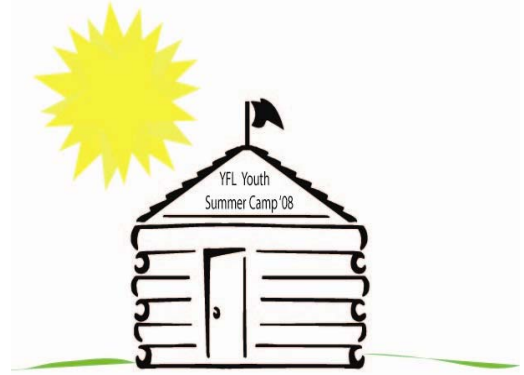


CAMP REGISTRATION FORM
 2008 YFL Youth Summer Camp
 Braeburn Lake Camp, Braeburn YT
 June 22-25 2008



MUST BE RECEIVED NO LATER THAN JUNE 6, 2008

Please print clearly:

Camper's full name: _____

Age: _____ Grade entering, fall /08: _____ Gender: _____

Camper's Full Name	
Age and Height	
Gender (for cabin assignment)	
YUKON Healthcare N ^o	
Doctor's Name and Telephone Number	

Parents/Guardians Names	
Address	
City	
Postal Code	
Telephone Number (day and night)	
Union and Local N ^o	

Will you attend the family barbeque on Wednesday, June 25 at 1:30 pm?

- yes**, we will be there! (number of people ___)
- no** thanks, but we will arrange to pick up our camper by 3:00

Who will be picking up your child? (please list all probable people)

Yukon Federation of Labour
 #102-106 Strickland St.
 Whitehorse Yukon, Y1A 2J5
 Ph: (867) 667-6676 Fax (867) 633-5558
 Website: www.yukonfed.com

Camper: _____

EMERGENCY CONTACTS

In the case of emergency or hospital visit, we will contact you or your designated person shown here. We require two names:

Name	
Relationship	
Telephone Number (day and night, cell)	

Name	
Relationship	
Telephone Number (day and night, cell)	

HEALTH HISTORY

All information provided on this form will be treated with confidentiality and used at the discretion of the Camp Directors to ensure care and attention is given to the health of your child. Please consider that activities at this camp are physical outdoor activities, such as boating and swimming. If you know of any reason why your child might or should be prevented from participating fully in the camp program, please make sure you include this here.

ALLERGIES: _____

CHRONIC OR RECENT ILLNESS: _____

MEDICATIONS: (list all medications, including dosage and its purpose) _____

OTHER: (fears, special circumstances, bed-wetting, sleep-walking) _____

FOOD DISLIKES AND EATING HABITS: _____

SIBLINGS ATTENDING THIS CAMP (names): _____

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