



Camper's Name \_\_\_\_\_

# 2008 CAMP REGISTRATION

Please use ONE Registration Form Per Camper Per Desired Session

PLEASE NUMBER DESIRED DATES IN ORDER OF PREFERENCE (E.G. 1,2,3) IN WHITE SESSION BOXES. Darkened areas = program is unavailable during those weeks		JUNE 29-JULY 4	JULY 6-11	JULY 13-18	JULY 20-25	JULY 27-AUG. 1	AUGUST 3-8	AUGUST 10-15	AUGUST 17-22	EARLY BIRD DISCOUNT SEE BELOW	COST PER SESSION	TOTAL:
CAMPER AGE	CAMP LENGTH	SESSION										
<b>MUNCHKINS</b> Grades 1-3	Sunday-Friday							10-12 13-15			\$180	
<b>MUNCHKINS RELOADED</b> Grades 1-3	Sunday-Friday										\$390	
<b>ADVENTURE</b> Grades 4-9	Sunday-Friday					10-12 13-15					\$390	
<b>DAY CAMP</b> Ages 9-13	Monday-Friday (Daily)										\$100 NO TAX ON DAY CAMP	
<b>TREK</b> Grades 7-10	Sunday-Friday										\$435	
<b>TREK MB</b> Grades 7-10	Sunday-Friday										\$435	
<b>THE QUEST</b> Grades 8-12	Sunday-Friday										\$400	

**PAYMENT INFORMATION: Please read before proceeding to Options**

- EARLY BIRD discount only available on payments made in full & before April 15.
- At least a 1/2 fee deposit per camper, per week, is required for registration.
- The 1/2 fee is non-refundable for cancellations made after May 15.
- Cancellations made prior to May 15 will be assessed a \$50 cancellation fee.
- If paying by credit card, full payment is necessary.
- Incomplete application and/or incomplete payment will put your application on hold.
- If your fees are being paid by a sponsor, please include a letter of explanation.

**PAYMENT OPTIONS: Please Check One:**

Payment in Full – BY CREDIT CARD (credit card payments in full – no exceptions)

Payment in Full\* – BY CHEQUE (include with registration)

2-step payment\*: 1) 1/2 payment now BY CHEQUE ONLY, with  
2) Balance by CHEQUE ONLY postdated **JUNE 1, 2008**

A sponsor is paying my balance and I have included a letter of explanation.

\* Please include any/all cheques with registration  
\* 2-step payment is not eligible for EARLY BIRD DISCOUNT.

**CABIN MATES:** Great effort is made to honour requests for cabin mates of the same age or grade. The request must be mutual, and both parties must return their applications **TOGETHER** in the same envelope by **APRIL 15, 2008**. No more than two (2) will be accepted together, and there are **NO GUARANTEES** for placement. After April 15, cabin mate placements are not a priority, and again, no guarantees are made.

**NAME OF CABIN MATE:** \_\_\_\_\_

**PHONE CALLS:** I permit my child/camper to make a collect call home during the camping session if he/she should need/desire to do so. Calls will be made as deemed necessary by the Program Director  
Yes / No **Parent/Guardian Signature** \_\_\_\_\_

*Did You Know?*  
**EARLY BIRD DISCOUNT**  
Only on Payments IN FULL

**TOTAL FEES:** \_\_\_\_\_  
**FEES X 5% GST:** \_\_\_\_\_  
**FEES X 3% PST:** \_\_\_\_\_  
**SUBTOTAL:** \_\_\_\_\_

**OPTIONAL**

T-Shirt Size \_\_\_\_\_ (Camp Video \$12)  
\_\_\_\_\_ (Camp T-Shirt \$15)  
(YL & Adult sizes only) (Camp Hat \$15)

(I would like to make a donation to Countryside Camp\*)  
\*Tax receipts issued for amounts greater than \$20

★ **EARLY BIRD** ★  
Full Payment **BEFORE APRIL 15**, Subtract \$20.00:  
**TOTAL COST:** \_\_\_\_\_

**CREDIT CARD INFORMATION**

VISA     MASTERCARD     AMEX

Card #: \_\_\_\_\_  
Expiry Date: \_\_\_\_ - \_\_\_\_  
Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_



# 2008 CAMP REGISTRATION

PLEASE FILL OUT & PRINT CLEARLY:

First Time Camper     Returning Camper

Grade in September

Camper's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Gender M  F

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent/Guardian Name (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Parent/Guardian Email Addresses (for follow-up purposes): \_\_\_\_\_

Home Phone ( \_\_\_ ) \_\_\_\_\_ Business 1 ( \_\_\_ ) \_\_\_\_\_ (Name \_\_\_\_\_ )  
Father or Other

Summer Phone ( \_\_\_ ) \_\_\_\_\_ Business 2 ( \_\_\_ ) \_\_\_\_\_ (Name \_\_\_\_\_ )  
Mother or Other

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church Address \_\_\_\_\_ City: \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Emerg. Contact #1 Name: _____	Phone: ( ___ ) _____	(Relationship to Camper _____)
Emerg. Contact #2 Name: _____	Phone: ( ___ ) _____	(Relationship to Camper _____)

MEDICAL INFORMATION: Birth Date MM/DD/YYYY Health Card Number \_\_\_\_\_

Does the camper have any physical, emotional, mental, social challenges/behaviours? (circle) Yes / No If yes, attach explanation

Is the camper on regular medication? (circle) Yes / No If yes, please attach an explanation

Does the camper have any allergies? (circle) Yes / No If yes, please attach an explanation

**IMPORTANT NOTICE:** All medications must be in original labelled containers or blister packs (blister packs can be prepared by your pharmacist). Any medication not in an original container or blister pack upon arrival will not be administered. **\*NO EXCEPTIONS**

Food Allergies: (Explain) \_\_\_\_\_

Other Allergies: (Explain) \_\_\_\_\_

Food Allergy Policy: Our desire is to create a safe environment for children. We will make reasonable efforts to ensure that your child does not have a food allergy attack while at "Camp Shalom". **We are not a peanut-free location.** Our goal is to help children self-manage their condition. FOR MORE INFORMATION CALL: (519) 623-4860.

Family Doctor: (Full Name) \_\_\_\_\_ Phone: ( \_\_\_ ) \_\_\_\_\_

Recent Injuries, Illnesses or Surgeries: \_\_\_\_\_

### CONDITIONS OF ENROLLMENT:

- The Managing Director reserves the right to dismiss a camper who is in his/her opinion a hazard to the safety and rights of others, or who appears to him/her to have rejected the reasonable controls of "Camp Shalom".
- The parent(s) or guardian(s) submitting this application are those having legal custody over the child/camper. Conditions of custody, if applicable, must be fully communicated in writing to "Camp Shalom", including, if applicable, a photocopy section of any court order referring to visitation rights. The signature on the registration form signifies that both parents/guardians are in agreement with the conditions of enrollment.
- Care is taken for the safety and good health of campers, but in the event of accident or sickness, "Camp Shalom", including the board of directors and staff, and the owners and the employees of facilities outside of the camp grounds are hereby released from any liability. Each camper must be covered by Provincial Health Insurance or equivalent medical insurance.
- In the event that a camper requires special medical attention, x-ray or treatment beyond that which is available at "Camp Shalom", the parents/guardians will be notified immediately and will be charged with the additional expense of transportation and special care.
- In case of surgical emergency, I hereby give permission to the physician selected by the Program Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/camper as named above.
- "Camp Shalom" requires that campers who have potentially life-threatening conditions such as peanut allergies be able to manage their exposure to those substances, provide two sets of medication, be familiar with its use and carry the medication in a fanny pack.
- In case of withdrawal during the camp session on the physician's order, up to two thirds of the fee for the unexpired term will be refunded. No refund will be made for dismissals due to disciplinary action, late arrivals, early departures or head lice.
- I understand that though every precaution is taken to ensure campers' safety and well-being, there is the potential for contact with poison ivy and/or poison oak during a camping session.
- I understand that campers who take parts in out-trips such as Trek or Trek MB will have their medications administered by a trained lifeguard.
- I give permission for my child/camper to take part in group out-trips (such as to Brant Water park), realizing that transportation will likely occur in a rented bus, and that there will be an appropriate ratio of supervision (including at least one staff member with First Aid training).
- I give permission for "Camp Shalom" to use any image or likeness of my child/camper for promotional material and/or records.
- The per-session 1/2 fee deposit is non-refundable for cancellations made after May 15th. For cancellation prior to May 15th, there is a \$50 cancellation fee.
- All programs require a minimum number of participants before they will run.

### MEDICATIONS: The following medications are available at "Camp Shalom". Please review, cross off, & initial any you DO NOT want given to your child/camper on as-needed basis.

ACETAMINOPHEN	DUCLOX (Bisacodyl - for constipation)	IPECAC (Poison Control contacted first)	MINERAL OIL	RUB A535 (Muscle strain/pain & backaches)
ALOE VERA GEL	EPINEPHRINE (Epi Pen)	ISOPROPYL RUBBING ALCOHOL	NOVO-LOPERAMIDE (Imodium - for diarrhoea)	SOLARCINE (Benzocaine 3%)
BENADRYL	GRAVOL	KAOPECTATE (for diarrhoea)	PEPTO-BISMAL	SUDAFED (Nasal/sinus congestion)
BENYLIN (Coughs due to cold/allergy)	HYDROGEN PEROXIDE	LANACANE (itching)	POLYSPORIN	SUNSCREEN (SPF30)
CALAMINE LOTION	IBUPROFEN	MILK OF MAGNESIA	ROBITUSSIN E.S. DM (Cough expectorant, antitussive)	TUMS (Antacid)

## SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have read, understood, and accepted the conditions of enrollment as stated above, and hereby give permission to administer the above medications unless crossed off and initialed.



DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_