



CAMP KAWARTHA 2010 Registration Form



Be more paper conscious;
try our online registration process.
The planet will thank you!
And your kids too!



CAMPER INFORMATION: *(print clearly)*

New Camper Returning Camper

Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: day: _____ / month: _____ / year: _____ Camper's Age on July 1st, 2010: _____ Gender: Male Female

PARENTS / GUARDIANS:

(This info is for registration purposes; please refer to the Health Form for detailed emergency contact information)

Parent / Guardian: Mr. Mrs. Ms. Miss Dr.

Parent / Guardian: Mr. Mrs. Ms. Miss Dr.

First & Last Name: _____

First & Last Name: _____

Relationship: _____

Relationship: _____

Camper lives with: Both Parents Mother Father Grandparents Guardian(s) Other: _____

Home Mailing Address: _____

City/Town: _____ Province/State: _____

Country: _____ Postal Code/Zip: _____ Home Phone# (_____) _____



Make the tree-friendly choice to receive your receipt & further instructions by email. It's easy, convenient, and friendlier to the planet.

Please e-mail my receipt to *(print clearly)*: _____

Check here to receive your 2011 Registration Package by e-mail, and help us protect the environment.

Alternate Pickup authorization:

In the event that I/We are not able to pick up my/our child, he/she has my/our permission to leave with the following individual(s):

Name: _____ Phone: _____ Name: _____ Phone: _____

CONDITIONS OF REGISTRATION & SIGNATURES: *(read carefully!)*

PHOTO RELEASE:

Yes, I give permission to Camp Kawartha to include my child in photos taken by camp staff, and/or occasional videotapes taken by local media. I understand these photos may be used for promotional purposes (e.g. slide show, website photo gallery, brochures, camp fair display, etc), but no names will be used.

** If you do not wish your child to be included in any photos, please print "Photos Prohibited" here: [_____] and check here to indicate that your child is fully aware that he/she must exclude themselves from any/all individual/group photos. (Please note that other campers bring their own personal cameras and will take photos of each other throughout camp.)

CAMPER AGREEMENT: *(Please review our camper code of conduct carefully - contained in the Registration Package and on our website)*

We reserve the right to dismiss a camper who does not comply with our Code of Conduct.

I have read and agree to abide by the policies of Camp Kawartha and Camper Code of Conduct, and enter into all activities with a positive spirit.

★ **Signature of Camper** *(or parent if child is a day camper):* _____

PARENT/GUARDIAN AGREEMENT: *(read carefully)*

- I understand that Registration Forms cannot be processed unless signed and accompanied by payment. Camp Kawartha reserves the right to cancel a camper's enrollment if camp fees are not paid in full by April 30th, or upon receipt of this form if after April 30th
- I give permission to Camp Kawartha to transport this camper off camp property for the purpose of medical care or to participate in camp programming which involves leaving the camp premises (e.g. overnight camping, canoeing, trips, etc.)
- I have read and agree to Camp Kawartha's Payment and Cancellation policies as detailed in the Registration Information Package.
- I have read and agree to Camp Kawartha's Camper Code of Conduct as detailed in the Registration Information Package.

I have read, understand and agree to all Camp Kawartha policies, terms and conditions of registration.

★ **Signature of Parent/Guardian:** _____ **Date:** _____

2010 General Information

Last Name: _____ First Name: _____ Session Code(s): _____

CABIN MATE REQUEST:

Cabins are assigned by gender & age/grade. We cannot guarantee cabin placement, but we will do our best to honor your request. We are a small camp with cabins clustered close to each other. Campers will have lots of opportunities to see their friends and siblings throughout the day and participate in activities together. **Remember that making new friends is one of the best parts of camp!!!**

Note:

- **Limit of ONE cabin mate request per camper - requests must be made in pairs NOT groups. We cannot guarantee multiple requests.** If you have more than one friend coming, request each other in pairs. We reserve the right to split groups of campers to avoid groups dominating cabins and excluding new campers.
- **Both campers must be the same age / same grade – we aim to keep each cabin within a 1-year age range**
- **Both campers must indicate each other on their registration form making it a mutual request.** If you forget to make a cabin request, you may do so **in writing by mail or email** no later than two weeks prior to camp. **We cannot guarantee one-sided requests.**

If possible, I would like to be in the same cabin with my friend: _____ (limit of one name)

CAMPER INFORMATION:

The following questions are optional. Please share any information that may help staff and cabin counselors in providing a positive and meaningful camp experience for your child.

1) **Hesitations / Fears:** a) Is this camper hesitant about any aspect of camp? b) Does this camper have any serious fears?

2) **Characteristics / Personal Habits:** a) What characteristics best describe this camper? b) Is there anything that staff should be aware of regarding camper's personal habits?

3) **Interests / Goals:** a) What special talents/interests does this camper have? b) What is the most important thing you hope this camp experience will do for this camper?

4) **Notes / Other Comments:**

REFER A FRIEND! Bring a **new** camper who has never been to Camp Kawartha, & receive a free Camp Kawartha T-shirt!!

Name of **new** camper you are bringing to camp this year: _____

Your T-shirt Size: Youth Sizes: Sml Med Large X-large Adult Sizes: Sml Med Large X-Large

Please tell us how you first learned about Camp Kawartha:

- Referral (family, friends) Referral from other organizations: _____
- Word of Mouth/Area Resident School Trip Group Retreat/Conference Fundraising Event (Green-in-Motion, Surf-n-Turf)
- Internet Phone Book / Yellow Pages Advertising (Magazine, Newspaper) which one? _____
- OCA (Ontario Camping Association) Camp Fair / Display Other: _____

2010 Residential Camp

See other side for Day Camp...

Last Name: _____ **First Name:** _____

Check availability at www.campkawartha.ca/summercamp/datesandrates.htm

Fees will be subject to new 13% HST (harmonized sales tax) for any registrations received on or after May 1st, 2010

*** Please note changes in length of August Regular Residential Camp sessions**

✓	Code	Dates	Session Name	Ages	Length	Fees	Tuck	13% HST	Total	Amount
<input type="checkbox"/>	CK101	Jun 30 - Jul 2	Introduction to Camp *New*	7-12	3days/2nights	\$ 350	\$ 5	\$ 46.15	\$ 401.15	
<input type="checkbox"/>	CK102	Jul 28 - 30	Introduction to Camp *New*	7-12	3days/2nights	\$ 350	\$ 5	\$ 46.15	\$ 401.15	
<input type="checkbox"/>	A	Jul 4 - Jul 10	Regular Residential Camp	8-14	1 week	\$ 750	\$ 5	\$ 98.15	\$ 853.15	
<input type="checkbox"/>	B	Jul 11 - Jul 23	Regular Residential Camp	8-14	2 weeks	\$ 1,495	\$ 10	\$ 195.65	\$ 1,700.65	
<input type="checkbox"/>	C	Jul 25 - Jul 31	Regular Residential Camp	8-14	1 week	\$ 795	\$ 5	\$ 104.00	\$ 904.00	
<input type="checkbox"/>	D	Aug 1 - Aug 7	Regular Residential Camp *New Dates	8-14	1 week	\$ 795	\$ 5	\$ 104.00	\$ 904.00	
<input type="checkbox"/>	E	Aug 8 - Aug 20	Regular Residential Camp *New Dates	8-14	2 weeks	\$ 1,495	\$ 10	\$ 195.65	\$ 1,700.65	
<input type="checkbox"/>	F	Aug 22 - Aug 27	Regular Residential Camp *New Dates	8-14	6days/5nights	\$ 695	\$ 5	\$ 91.00	\$ 791.00	
<input type="checkbox"/>	N	Aug 29 - Sep 1	Nature Camp	7-14	4days/3nights	\$ 525	\$ 5	\$ 68.90	\$ 598.90	
<input type="checkbox"/>	JT-1	Jul 4 - Jul 10	Junior Canoe Trip (ages 12-13)	12-13	1 week	\$ 795	\$ 5	\$ 104.00	\$ 904.00	
<input type="checkbox"/>	JT-2	Jul 25 - Jul 31	Junior Canoe Trip (ages 10-11)	10-11	1 week	\$ 795	\$ 5	\$ 104.00	\$ 904.00	
<input type="checkbox"/>	PLC-1	Jul 4 - Jul 23	Pre-Leadership Camp	13-14	3 weeks	\$ 2,395	\$ 15	\$ 313.30	\$ 2,723.30	
<input type="checkbox"/>	PLC-2	Aug 1 - Aug 20	Pre-Leadership Camp	13-14	3 weeks	\$ 2,395	\$ 15	\$ 313.30	\$ 2,723.30	
<input type="checkbox"/>	TM	Jul 11 - Jul 23	Wilderness Canoe Trip (Males)	14-16	2 weeks	\$ 1,495	\$ 10	\$ 195.65	\$ 1,700.65	
<input type="checkbox"/>	TF	Aug 1 - Aug 13	Wilderness Canoe Trip (Females)	14-16	2 weeks	\$ 1,495	\$ 10	\$ 195.65	\$ 1,700.65	
<input type="checkbox"/>	CH	Aug 15 - Aug 27	Challenge & Adventure	14-16	2 weeks	\$ 2,195	\$ 10	\$ 286.65	\$ 2,491.65	
<input type="checkbox"/>	WLS	Aug 15 - Aug 27	Wilderness Living Skills *NEW*	15-17	2 weeks	\$ 1,495	\$ 10	\$ 195.65	\$ 1,700.65	

Leadership Programs (ages 15-17):

*** To apply for the CSD, W-CSD, LIT or W-LIT courses, a Leadership Application Form must be submitted along with this Registration Form. (see our website)

✓	Code	Dates	Session Name	Ages	Length	Fees	Tuck	13% HST	Total	Amount
<input type="checkbox"/>	CSD-1	Jul 1 - Jul 27	Counsellor Skills Development ***	15-16	4 weeks	\$2,595	\$ 20	\$ 339.95	\$ 2,954.95	
<input type="checkbox"/>	CSD-2	Aug 1 - Aug 27	Counsellor Skills Development ***	15-16	4 weeks	\$2,595	\$ 20	\$ 339.95	\$ 2,954.95	
<input type="checkbox"/>	W-CSD	Aug 1 - Aug 27	Wilderness CSD ***	15-16	4 weeks	\$2,695	\$ 20	\$ 352.95	\$ 3,067.95	
<input type="checkbox"/>	LIT-1	Jul 1 - Jul 27	Leader-in-Training ***	16-17	4 weeks	\$2,595	\$ 20	\$ 339.95	\$ 2,954.95	
<input type="checkbox"/>	LIT-2	Aug 1 - Aug 27	Leader-in-Training ***	16-17	4 weeks	\$2,595	\$ 20	\$ 339.95	\$ 2,954.95	
<input type="checkbox"/>	W-LIT	Jul 1 - Jul 27	Wilderness LIT ***	16-17	4 weeks	\$2,695	\$ 20	\$ 352.95	\$ 3,067.95	

PAYMENT: Please review our Payment, Refund & Cancellation Policies carefully!

Total Camp Fees (from chart above)		_____ (1)
<input type="checkbox"/> 5% Early Bird Discount if paying in full now at time of registration (applicable to registrations received by Jan 31 st) (5% of line 1) -		_____ (2)
<input type="checkbox"/> Sibling Discount (if applicable): (\$20/week; \$10 for CK101) 1 st child/highest fees pays regular price, 2 nd child, 3 rd child, etc gets discount (multiple # weeks x \$20, e.g. 2 weeks of camp: 2 x \$20)		_____ (3)
Balance Due (all fees payable in Canadian Funds):		_____ (4)

<input type="checkbox"/> FULL PAYMENT NOW		_____ (5)
<input type="checkbox"/> cheque/money order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		-

OR

<input type="checkbox"/> INSTALLMENTS as follows: (see important notes above right)		
Deposit: due now with registration form as follows 1-week camps: \$200; 2-week camps: \$400; 3-week camps: \$500; 4-week camps: \$600 -		_____ (6)
<input type="checkbox"/> cheque/money order (NOT postdated) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		_____ (6)
Subtotal (line 4 minus line 6) =		_____ (7)
2nd Installment: Post-dated/paid by Friday, Feb 26 th , 2010		_____ (8)
<input type="checkbox"/> cheque/money order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (50% of line 7)		_____ (8)
Final Balance: Post-dated/paid by Friday, April 30 th , 2010		_____ (9)
<input type="checkbox"/> cheque/money order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (50% of line 7)		_____ (9)

Installment Payment Schedule:

- A deposit is required for each camper/session to secure their spot.
- Remaining fees are due in two equal amounts payable by Feb 26th and April 30th, 2010.
- All postdated installment cheques must accompany this registration form.
- Payments will be automatically processed as per installment schedule on Feb 26 & Apr 30
- **Registrations received after Feb 26th must include both the Deposit and 2nd installment**
- **All registrations received after April 30th must include FULL payment of camp fees.**

CREDIT CARD PAYMENT INFORMATION:

Credit Card Number
Expiry Date
Card Holder's Signature
Card Holder's Name (please print clearly)

2010 Day Camp

See other side for Residential...

Last Name: _____ First Name: _____

Check availability at www.campkawartha.ca/summercamp/datesandrates.htm

Register early! Sessions fill fast (some sessions are full by March)

Day Camp runs 9:00am – 4:30pm

Maximum 16 campers per week

✓	Code	Dates	Session Name	Ages	Length	Fees	Tuck	Taxes	Total	Amount
<input type="checkbox"/>	DC-1	July 5 – 9	Day Camp – Week 1	5-8	1 week, Monday-Friday	\$210	No Tuck Fee applicable on Day Camp	No Taxes applicable on Day Camp		
<input type="checkbox"/>	DC-2	July 12 - 16	Day Camp – Week 2	5-8	1 week, Monday-Friday	\$210				
<input type="checkbox"/>	DC-3	July 19 - 23	Day Camp – Week 3	5-8	1 week, Monday-Friday	\$210				
<input type="checkbox"/>	DC-4	July 26 - 30	Day Camp – Week 4	5-8	1 week, Monday-Friday	\$210				
<input type="checkbox"/>	DC-5	Aug 2 – 6	Day Camp – Week 5	5-8	1 week, Monday-Friday	\$210				
<input type="checkbox"/>	DC-6	Aug 9 - 13	Day Camp – Week 6	5-8	1 week, Monday-Friday	\$210				
<input type="checkbox"/>	DC-7	Aug 16 - 20	Day Camp – Week 7	5-8	1 week, Monday-Friday	\$210				
<input type="checkbox"/>	DC-8	Aug 23 - 27	Day Camp – Week 8	5-8	1 week, Monday-Friday	\$210				
<input type="checkbox"/>	DC-9	Aug 30 – Sep 1	Day Camp – Week 9	5-8	3 days, Monday-Wednesday	\$135				

Total Day Camp Fees: (transfer to line 1 below):

PAYMENT: Please review our Payment, Refund & Cancellation Policies carefully!

Total Day Camp Fees *(from chart above)* _____ (1)

Sibling Discount (if applicable):
 1st child/highest fees pays regular price, 2nd child, 3rd child, etc gets discount - _____ (2)

- \$10 sibling discount for weeks DC1 - DC8 (multiple # weeks x \$10)
- \$5 sibling discount for week DC-9

Balance Due (all fees payable in Canadian Funds): _____ (3)

CREDIT CARD PAYMENT INFORMATION:

Credit Card Number

Expiry Date

Card Holder's Signature

Card Holder's Name (please print clearly)

Day Campers bring own bag lunch & snacks (Must be nut-free!!)

Checklist of what to bring available at: www.campkawartha.ca/summercamp/

2010 Camper Health Form

Session code(s): _____

IMPORTANT: HEALTH FORM MUST BE RECEIVED BY CAMP AT LEAST FOUR WEEKS PRIOR TO CAMPER'S ARRIVAL!!!

Please ensure it is filled out completely and accurately. Campers cannot attend camp without a current health form on file prior to camp.

CAMPER INFORMATION: *(print clearly)*

COMPLETED FORM MUST BE MAILED, NOT FAXED

Last Name: _____ First Name: _____ Middle Name: _____
 Birthdate: day: _____ / month: _____ / year: _____ Camper's Age on July 1st, 2010: _____ Gender: Male Female
 Camper's Home Address: _____
 City/Town: _____ Province/State: _____
 Country: _____ Postal Code/Zip: _____ Home Phone# (_____) _____

PARENTS / GUARDIANS & EMERGENCY CONTACTS: *(print clearly)*

(attach separate sheet of paper if necessary)

Legal Custody: If there is a separation, divorce, or step-parent, **who has Custody and is Legally Responsible** for this camper:

Joint Custody Mother Father Grandparents Guardian Foster Parents Other: _____

★★★ List in order who should be contacted in case of emergency – be sure to include parents/guardians: ★★★

<p>1st Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. First & Last Name: _____ Relationship: _____ Home Phone: (_____) _____ Work #: (_____) _____ Cell/Pager: (_____) _____ Cottage#: (_____) _____</p>	<p>2nd Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. First & Last Name: _____ Relationship: _____ Home Phone: (_____) _____ Work #: (_____) _____ Cell/Pager: (_____) _____ Cottage#: (_____) _____</p>	<p>3rd Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. First & Last Name: _____ Relationship: _____ Home Phone: (_____) _____ Work #: (_____) _____ Cell/Pager: (_____) _____ Cottage#: (_____) _____</p>
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Camper's Health Card #: _____ **Version Code:** _____

Out-of-Canada campers: indicate any medical plan, numbers & billing address, (attach separate piece of paper if necessary)

Family Doctor: _____ **Phone:** (_____) _____

Address: _____ **City:** _____

Permission for our Camp Nurse/Doctor to contact your Family Doctor if necessary? Yes No

Immunization Dates: Tetanus: _____ Polio: _____

Diphtheria: _____ Hepatitis B: _____

Pertussis: _____ Meningitis: _____

**** All Campers ****

Attach current
wallet-sized photo

(e.g. wallet or passport size photo, shows head/face & shoulders) will only be used in case of emergency

Be sure to print full name on back of photo.

1. DIETARY INFO: Vegetarian Vegan Lactose Intolerant Gluten Free Other: _____

2. ALLERGIES: *Be specific, attach separate page if necessary. If camper uses an EpiPen, they must bring it to camp.*

****If your child has a life-threatening allergy you MUST fill out an "ANAPHYLAXIS EMERGENCY PLAN FORM" in addition to this health form.** (www.campkawartha.ca/summercamp/forms.htm)

★ Please note, we do NOT use or allow foods/snacks that contain nuts or traces of nuts. ★

Indicate Type: Drug, Food, Environmental, Insect, Other	Allergen (please be specific)	Type & Severity of Reaction (Indicate if life-threatening)	Management / Treatment / Medication	Date of Last Reaction

3. ASTHMA: Does your child suffer from asthma? No Yes If yes, indicate severity? Mild Moderate Severe

What are the triggers for these attacks? _____

4. MEDICATIONS:

Is camper currently on any medication (prescription or homeopathic)? If so, what? _____

How and when is this medication administered? _____

2010 Camper Health Form (continued)

Last Name: _____ **First Name:** _____

5. OVER-THE-COUNTER MEDICINE:

Check (✓) if you approve the use of the following over-the-counter medicine that the camp has, for your child, if deemed necessary by the nurse? Tylenol (Acetaminophen), Advil (Ibuprofen), Gravol, cough medicine, cold medications, antihistamines

If NO, what would be an appropriate alternative? _____

6. ACTIVITIES:

Camp Kawartha is located on a rugged, wooded site. Most of the activities take place outdoors. All 2-week, 3-week, tripping and leadership programs go offsite for an overnight camping/canoe trip.

Does your child have any physical, health, developmental, behavioral, or emotional condition that may affect his/her ability to participate in camp activities? No Yes - If yes, give details: _____

*****Parents will be responsible for any charges/expenses incurred to Camp Kawartha if their child needs to be evacuated from an off-site trip, due to a medical or health condition, that was not disclosed prior to their child's attendance.**

7. HEALTH HISTORY: Check (✓) if camper has had, or double-check (✓✓) if camper currently subject to any of the following:

<input type="checkbox"/> chicken pox	<input type="checkbox"/> epilepsy / seizures	<input type="checkbox"/> frequent stomach aches	<input type="checkbox"/> ear trouble	<input type="checkbox"/> bedwetting
<input type="checkbox"/> measles	<input type="checkbox"/> fainting / dizziness	<input type="checkbox"/> frequent headaches	<input type="checkbox"/> eye trouble	<input type="checkbox"/> nightmares
<input type="checkbox"/> mumps	<input type="checkbox"/> appendicitis	<input type="checkbox"/> migraines	<input type="checkbox"/> nosebleeds	<input type="checkbox"/> sleepwalking
<input type="checkbox"/> rheumatic fever	<input type="checkbox"/> tonsillitis	<input type="checkbox"/> sprains or strains	<input type="checkbox"/> toothaches	<input type="checkbox"/> other:
<input type="checkbox"/> whooping cough	<input type="checkbox"/> heart condition	<input type="checkbox"/> fractures	<input type="checkbox"/> frequent colds	
<input type="checkbox"/> hepatitis	<input type="checkbox"/> mononucleosis	<input type="checkbox"/> ADD / <input type="checkbox"/> ADHD	<input type="checkbox"/> sinus trouble	

If your child has or had any of the above, please give details. Does it affect their ability to participate in activities? If so, how?

8. RECENT hospitalization, operation, injury, serious illness, or infectious disease: If so, give date and details: _____

9. FEMALE CAMPERS: Has this girl menstruated? Yes No If not, has she been told about menstruation? Yes No

10. OTHER: please detail any other medical information of use to the Camp Physician or Camp Nurse:

IMPORTANT REMINDERS & PARENT/GUARDIAN SIGNATURE: (please read carefully)

Medications must be left with the health care staff while at camp. All prescription medications must be in their original container and must be labeled with the doctor's name, child's name, dosage, schedule, route and date. All over the counter medications must be in the original container with proper labeling. If your child will be out tripping they should bring two supplies to camp, one supply to be left with the nurse and one supply to take out tripping.

- I understand that failure to disclose pertinent information that could impact the safety of my child, or the safety of other campers and staff, will result in the camper being sent home at the parent/guardian's expense.
- To the best of my knowledge, my child is in good health. I will notify the camp if there is any change in my child's health, or he/she is exposed to any communicable disease within 3 weeks prior to arrival at camp.
- In the case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician/nurse selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my child as named above.
- I agree to reimburse the camp for any prescriptions or medical expenses incurred for this camper.
- I will submit any changes to this health form in writing to the camp prior to arrival.
- **I will do a head lice check on my child regularly and within 3 days before arriving at camp.** Campers found to have head lice on arrival will not be allowed to enter camp until the matter has been resolved. There will be no refund of camp fees.

★ **Signature of Parent/Guardian:** _____ **Date:** _____