



2011 DAY CAMP REGISTRATION FORM

Camp Cherith - Ontario



Camper's Name: (First or preferred) _____ (Last) _____ Phone #: (_____) _____ Sex: _____

Mailing Address: _____ City: _____ Prov.: _____ Postal Code: _____

Date of Birth: (month) _____ (day) _____ (year) _____ Age on Sept. 1/2011: _____ Grade in Sept./2011: _____

Do you have a brother/sister attending this year? ___ Yes ___ No This will be my _____ year at Camp Cherith.

I learned about Camp Cherith® from: _____ Home Church (if applicable): _____

Parent/Guardian Information:

Email: _____ ___ Camper ___ Parent

First Name: _____ Last Name: _____ Home Phone (if different from camper's) _____

Address: (if different from campers's) _____

Emergency Contact Information (please list phone numbers where you and/or authorized caregivers can be reached the week your child is in camp)

Name of Primary Contact: _____ Relationship to Camper: _____

Daytime Phone Numbers: _____ and/or Cell Phone: _____

Name of Another Contact: _____ Relationship to Camper: _____

Daytime Phone Numbers: _____ and/or Cell Phone: _____

Day Camp - Coed Ages 5~9 August 15~19 = \$125.00 (no tax) _____ (DC)

TOTAL FEES PAYABLE = _____

REGISTRATION

Please fill in both sides of the form completely and send with fees:
 Camp Cherith - Ontario, Box 542, Barrie, ON L4M 4T7, 705-734-2122, Fax: 705-734-2262, Email: cherith.ont@sympatico.ca, Website: www.campcherith.ca
Please make cheques payable to Camp Cherith - Ontario N.S.F. cheques will be charged \$35.00
 Upon receiving your application an information package and receipt will be sent to you.
 If you have not received your package within 4 weeks please contact the Camp office at 705-734-2122




PAYMENT OPTIONS:

- One cheque covering full amount, payable immediately, with this application OR
- Charge the *full amount* payable to your Visa, Mastercard or American Express

Applications received after June 1st must be accompanied by a credit card payment or money order for the full amount.

Cancellation Policy: Up to June 1st receive a full refund minus \$25 administration fee. After June 1st the fee is non refundable except for medical reasons accompanied by a doctor's note.

Please charge the whole amount to my:

Card # _____

Expiry Date: _____

Signature: _____

Total Fees enclosed:
 \$ _____

FOR OFFICE USE ONLY

Date Rec'd _____ Division _____

Notes _____

Ch. # _____ PDCh # _____

Am. _____ Am. _____

Da. _____ Da. _____

CAMPER'S NAME _____

MEDICAL INFORMATION (if any medical information changes prior to camp, please notify the camp office before camp)

FOR OFFICE USE ONLY
Checked in by: _____ Date: _____ Checked out by: _____ Date: _____

Camp Cherith is located on a rugged and wooded site. Most of the activities take place outdoors. Does your child have any physical, developmental, or emotional condition that might limit participation in any activities? Yes ____ No ____
If YES, please explain.

Is the camper under the care of a physician for any **on going** physical, emotional or developmental conditions? Yes ____ No ____
Is the camper on a medically prescribed meal plan or dietary restrictions? Yes ____ No ____ Does the camper have food allergies? Yes ____ No ____
(If Yes to any of the above questions, you must contact the camp office at 705-734-2122)

Please list all prescription and over the counter medicines that will be brought to camp by your child.

Condition	Name of Medication	Dosage	When taken

Has the camper experienced any type of abuse\trauma\stress - physical, mental or emotional? Yes ____ No ____
If Yes, please give a brief explanation and date (all information will be kept confidential) _____

HEALTH HISTORY (Check the applicable box)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Heart Defects | <input type="checkbox"/> Insect Sting Allergy | _____ Weight |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Penicillin Allergy | _____ Height |
| <input type="checkbox"/> Ear Infections (frequent) | <input type="checkbox"/> AIDS | <input type="checkbox"/> Asthma | _____ Are all vaccinations up to date? |
| <input type="checkbox"/> Eye Infections (frequent) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other Allergies: | _____ Blood type (if known) |
| <input type="checkbox"/> Females- menstruation has begun | <input type="checkbox"/> Tylenol can be administered | _____ | <input type="checkbox"/> Never immunized |

Please describe any recent surgery or illness.

Name of family doctor: _____ Phone: _____

Health Card Number: _____ **N.B. Photocopy of Health Card must accompany child to camp!**

Conditions of Enrollment

- You have my permission for my child/ward to attend camp and to participate in activities. I give permission for photos or videos of my child to be used for camp promotional purposes. If remaining at camp for a weekend, my child/ward is permitted to leave the site only for staffed group events.
- While every precaution shall be taken to ensure the good welfare and protection of the camper, Camp Cherith-Ontario, it's Directors, staff members, employees or facilities outside the Camp grounds are hereby released from any and all liability in the event of any accident or misfortune that may occur to the camper.
- ALL medication brought to camp MUST be kept by the nurse, including vitamins and Tylenol. They must be labeled with name of medication and directions for use. Prescription medication must be in original container with user's name printed on label.
- I hereby authorize the camp personnel to handle any medical problem with my child during his/her stay at camp. In the case of emergency, after every reasonable effort is made to contact the parent/guardian, permission is hereby given to the physician selected by the camp to provide proper treatment. The parent or guardian is responsible for any additional expense that may result from such service.
- The parent or guardian hereby agrees to reimburse the Camp for any property damage caused by the camper.
- The parent/guardian gives permission for the camp nurse/director to contact the family doctor for additional information as necessary.
- The Camp Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety or rights of others or who appears to have rejected the reasonable expectations of the Camp
- There will be no reduction or refund of camp fees for campers arriving late, leaving early, or who are expelled due to disciplinary action.
- The parents/guardian submitting this application are those having legal custody over the child and are legally responsible for the payment of fees and any other expense incurred by the child.
- I understand that my child will participate in the full day camp program which may involve being off the camp property for short periods of time, unless I advise the Camp otherwise in writing at the time of application.
- I have read the Camp Cherith day camp flyer and application form, have provided true and accurate information, and am in full agreement with the conditions of enrollment.

I hereby certify that I have read and accept all the above conditions. Application can not be accepted without signature.

Date Signature (Parent or Legal guardian) Name of Parent/Guardian(please print) () Parent/Guardian Work Phone #