



# 2019 APPLICATION

## 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 as of Dec. 2019 _____ Grade in Sept. 2019 _____	
I learned about Cherith from: _____		This will be my _____ year at Cherith	
Cabin Mate Preference (must be close to same grade or age): _____		Home Church: _____	

Parent/Guardian Contact Information:			Alternate Contact: (if parents are unavailable)		
Name: _____			Name: _____		
Street: _____			Street: _____		
City: _____	Prov: _____	Postal Code: _____	City: _____	Prov: _____	Postal Code: _____
Day Phone: ( ) _____		Cell Phone: ( ) _____		Day Phone: ( ) _____ Cell Phone: ( ) _____	
E-mail: _____			Relationship: _____		

<b>Week 1 Girls' Camps</b>	<b>June 30 – July 6</b>	Adventure	ages 7 - 16	\$475.00 _____
		Equestrian	ages 10 - 16	\$675.00 _____
	June 30 - July 3	Mini 3 Day	ages 6 - 9	\$284.00 _____
<b>Week 2 Coed Camps</b>	<b>July 7 – July 13</b>	Adventure	ages 7 - 16	\$489.00 _____
		Equestrian	ages 10 - 16	\$675.00 _____
<b>Week 3 Coed Camps</b>	<b>July 14 – July 20</b>	Adventure	ages 7 - 16	\$489.00 _____
		Equestrian	ages 10 - 16	\$675.00 _____
	July 14 - July 17	Mini 3 Day	ages 6 - 9	\$284.00 _____
<b>Week 4 Coed Camps</b>	<b>July 21 – July 27</b>	Adventure	ages 7 - 16	\$489.00 _____
		Equestrian	ages 10 - 16	\$675.00 _____
		Jr. Leadership	ages 12 - 14	\$529.00 _____
<b>Week 5 Coed Camps</b>	<b>July 28 – Aug. 3</b>	Adventure	ages 7 - 16	\$489.00 _____
		Equestrian	ages 10 - 16	\$675.00 _____
	July 28 - July 31	Mini 3 Day	ages 6 - 9	\$284.00 _____
<b>Week 6 Coed Camps</b>	<b>Aug. 4 – Aug. 10</b>	Adventure	ages 7 - 16	\$489.00 _____
		Equestrian	ages 10 - 16	\$675.00 _____
<b>Week 7 Coed Camps</b>	<b>Aug. 11 – Aug. 17</b>	Adventure	ages 7 - 16	\$489.00 _____
	Aug. 11 - Aug. 14	Mini 3 Day	ages 6 - 9	\$284.00 _____
<b>CILT Leadership</b>	<b>June 30 – July 13</b>	CILT 2	(completed CILT 1)	\$898.00 _____
	<b>July 28 – Aug. 17</b>	CILT 1	Grade 10 +	\$1,347.00 _____
<b>Subtotal</b>				_____
<b>Less Discounts</b>				_____
<b>Multiple Weeks Weekend Fee:</b>				\$64.00 _____
<b>Riding Lessons:</b>	Weeks 1 - 6		ages 8 +	\$99.00 _____
<b>Fees do not include HST</b>				<b>Add 13%</b> _____
<b>TOTAL FEES PAYABLE</b>				_____

**\*NOTES TO PROGRAMS:**

- Equestrian Camps - space is limited to 10 campers per session - *do not register for regular riding lessons*
- CILT Program - an application will be sent once this application is received
- Discounts:** *Early Bird:* register by February 28 will receive a free t-shirt  
*Family:* 3 or more children from same household \$60.00 each (CILT excluded)

**PAYMENT OPTIONS:**

- One cheque(s) covering full amount, payable immediately, with this application OR
- A deposit of \$100.00 per week payable immediately. Balance of fee by post dated cheque(s) dated no later than June 1 st  
*Please enclose both deposit and post dated cheque(s) 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**  
( A \$100.00 administration fee is non refundable after April 1st)

Please charge the whole amount to my:

Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Fees enclosed:

\$ \_\_\_\_\_ OR \$ \_\_\_\_\_ deposit

plus post dated cheque(s) enclosed

dated prior to June 1 for \$ \_\_\_\_\_

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Date Rec'd _____	Division _____
Notes _____	
_____	
_____	
Ch. # _____	PDCh # _____
Am. _____	Am. _____
Da. _____	Da. _____

**PLEASE COMPLETE THIS MEDICAL INFORMATION (if there are any changes prior to camp, please ensure the camp office is notified before camp begins)**

**CAMPER'S LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

- Camp Cherith is located on a rugged site with most of the activities take place outdoors. Does your child have any physical or developmental condition that might limit participation in any activities? ..... Yes  No
- 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 or limitations? ..... Yes  No
- Has the camper experienced any type of physical, mental or emotional abuse, trauma or stress?..... Yes  No

**If Yes to any of the above questions, you must contact the camp office at 705-734-2122. All information will be kept confidential.**

**Please list all prescriptions, puffers, inhalers, epipens and over the counter or herbal medications that the camper is currently on or might need and indicate which ones will be brought to camp. Please attach a separate page if needed.**

Medication Name	Dosage	When Taken	Condition	Check if will take at camp
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

**GENERAL HEALTH HISTORY (Check the applicable box )**

- Are all vaccinations up to date? (Please check) Yes  No  Never immunized
- Can over the counter medications be administered if necessary? (i.e. Tylenol or Advil for headache) Yes  No
- List any Allergies; include insect bites, plants, medications, others and specify type and severity of reaction \_\_\_\_\_
- \_\_\_\_\_
- Please describe any recent medical history, surgery or illness: \_\_\_\_\_
- \_\_\_\_\_
- Weight \_\_\_\_\_ Height \_\_\_\_\_  Females- menstruation has begun

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 health care pseronnel, including vitamins, herbal and all over the counter medications. 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. This may include being off the site overnight. 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 health care personnel 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 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 give camp permission to contact me via email and to send periodic camp related emails.
- I have read the Camp Cherith brochure 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) \_\_\_\_\_

**REGISTRATION PROCESS**

Please fill in both sides of the form completely and send with fees or deposit to:  
 Camp Cherith - Ontario, Box 542, Barrie, ON L4M 4T7, (705) 733-2267, Fax: (705) 734-2262, Email:cherithregistrar@bellnet.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.

**FOR OFFICE USE ONLY**

Checked in by: \_\_\_\_\_ Date: \_\_\_\_\_ Checked out by: \_\_\_\_\_ Date: \_\_\_\_\_