

# KENESSERIE CAMP REGISTRATION 2017

## CAMPER

Camper Name  First _____ Last _____		Date of Birth <i>MM/DD/YYYY</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	Prov.	Postal Code
Name of School Attending	Going into Grade?	Church Affiliation & Faith if applicable – for statistical use only		
Cabin Partner Request – Choice must be mutual & within 2 years age		How did you find out about Kenesserie Camp?		
<b>T-Shirt Size</b> – Every camper receives a t-shirt at the end of their camp session. Please circle the correct size below. <b>YOUTH</b> Small Medium Large <b>ADULT</b> Small Medium Large Extra-Large				

## FAMILY

<b>Parent/Guardian #1 Name</b>			<b>Parent/Guardian #2 Name</b>		
Home Phone	Work Phone	Cell Phone	Home Phone	Work Phone	Cell Phone
Address <input type="checkbox"/> Check if same as camper			Address <input type="checkbox"/> Check if same as camper		
Email Address			Email Address		
Legal Custody <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			Is your child sponsored by an agency? <input type="checkbox"/> YES <input type="checkbox"/> NO		

CAMP SESSIONS *13% HST MUST BE ADDED TO ALL CAMP FEES				TIER I	TIER II	TIER III	<b>WHAT IS THE TIER PAYMENT PROGRAM?</b> We realize that families have different abilities to pay; Kenesserie Camp offers a voluntary three-tier payment program. You may choose the tier that is most suitable for your family. The Tier System allows us to continue to offer our same low fees for summer camp, while letting everyone know the true cost of camp and how to help support camp for the future. <ul style="list-style-type: none"> <li><b>Tier I</b> is our historically subsidized rate and does not reflect the true cost of operating summer camp programs.</li> <li><b>Tier II</b> is our partially subsidized fee for those who can pay a little more but still can not afford the actual cost of camp.</li> <li><b>Tier III</b> more closely accounts for the true costs of camp including wear and tear of buildings and grounds.</li> </ul> <b>This program is voluntary and in no way influences the experience children receive</b> , yet it offers the opportunity for families to take an active role in supporting the true cost of their child's camp experience. Our goal is to provide each camper with a positive and lasting camp experience.
<input type="checkbox"/>	COUNSELLOR IN TRAINING PROGRAM - JULY 2 - 6 THE FIRST WEEK OF THE PROGRAM IS A TRAINING WEEK WHICH IS FOLLOWED BY 2 SHADOW WEEKS WHICH WILL BE ARRANGED AFTER TRAINING WEEK. PARTICIPATION IN TRAINING WEEK DOES NOT GUARANTEE SHADOW WEEKS PLACEMENTS.	GRADES 9-10 (AGES 15-16)		\$250*	\$300*	\$410*	
<input type="checkbox"/>	REC CAMP 1	JULY 9-14	AGES 10-14	\$325*	\$375*	\$480*	
<input type="checkbox"/>	KENESSERIE ON THE ROAD (DAY CAMPS) <input type="checkbox"/> CHATHAM <input type="checkbox"/> TILBURY	JULY 10-14	AGES 6-12	\$50*	\$75*	\$100*	
<input type="checkbox"/>	OPEN AGE BOYS & GIRLS 1	JULY 16-21	AGES 7-14	\$250*	\$300*	\$410*	
<input type="checkbox"/>	OPEN AGE GIRLS	JULY 23-28	AGES 7-14	\$250*	\$300*	\$410*	
<input type="checkbox"/>	OPEN AGE BOYS & GIRLS 2	JULY 30-AUG. 4	AGES 7-14	\$250*	\$300*	\$410*	
<input type="checkbox"/>	PRIMARY BOYS & GIRLS	AUG. 8-11	AGES 5-9	\$150*	\$205*	\$305*	
<input type="checkbox"/>	REC CAMP 2	AUG. 13-18	AGES 10-14	\$325*	\$375*	\$480*	
<input type="checkbox"/>	LEADERSHIP CAMP	AUG. 13-18	AGES 11-14	\$250*	\$300*	\$410*	
<input type="checkbox"/>	OPEN AGE BOYS & GIRLS 3	AUG. 20-25	AGES 7-14	\$250*	\$300*	\$410*	

**PAYMENT & REFUND POLICY – 13% HST MUST BE ADDED TO ALL CAMP FEES LISTED ABOVE**  
 Full payment must accompany registration form. No refunds after camp session starts. \$20 fee for NSF cheques. Minimum \$100 deposit required with balance as cheque post dated for June 15. If registering after June 15 full payment is required.  
 Camp fee \$ \_\_\_\_\_ +13% HST \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (total cost)  
 Deposit \$ \_\_\_\_\_ + Cheque dated June 15 \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (total cost)

**POLICIES & AUTHORIZATION**  
 By submitting this application the parents/guardians of the camper agree for and on behalf of the themselves and the camper that any photographs or video taken of the camper by the camp personnel or otherwise authorized by the Camp Director may be used without charge by the Camp in any promotional material, including brochures, slide shows, videos or websites; unless a written letter is submitted that states otherwise. If my child is participating in an offsite camp, I understand that all onsite rules apply and my child may travel in camp vehicles. I, the undersigned, hereby give consent for (print camper's name here) \_\_\_\_\_ to attend Kenesserie Camp.  
**Signature of parent/guardian:** \_\_\_\_\_  
**Camper Declaration** I understand that the rules of camp will be explained to me on arrival day and I will abide by those rules.  
**Signature of camper:** \_\_\_\_\_

# KENESSERIE CAMP HEALTH RECORD

(It is extremely important that this section be completed accurately and legibly. This form will be used if your camper requires health care at camp)

Name of camper: \_\_\_\_\_  
 Health Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Version code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please list 2 **emergency contacts** that we will call if we are unable to reach the camper's parents.

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

**Family Physician/Health Care Provider:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Tetanus:** Date of last injection: \_\_\_\_\_

**Allergies** – Please use the space below to inform us of any allergies your camper might have. If any of them are life-threatening please note with an asterisk (\*).

**Dietary Needs** – If your child has any special dietary needs such as lactose intolerant, gluten free; or if your child follows a special diet such as vegetarian, vegan; please indicate below with specifics.

**Medical History** If your camper has experienced any of the following, please circle and give approximate date.

Chicken pox	Heart Condition	Diabetes	German/Red Measles
Tonsillectomy	Epilepsy/Seizures	Adenoidectomy	Scarlet Fever
Whooping Cough	Asthma	Ear Aches	Sinusitis
Hay Fever	Mumps	Stomach Issues	Constipation

**Sleeping** If your camper has any sleep issues that would be helpful for us to know, please use the space below to tell us. Some examples might be – bedwetting, sleep walking, night terrors, frequent nightmares.

**Medications** If medications are brought to camp they must be in the **original container**, clearly labelled with the camper name and they must be turned over to the camp at time of registration. This includes prescriptions and all over the counter medications. Please have these in a Ziploc bag with the camper name marked on it in black marker. Kenesserie keeps a limited stock of medicine that is administered in accordance with doctor issued medical directives.

**Permission:** I declare that \_\_\_\_\_'s health is suitable for camping activities. I permit the camp director and first aid team to engage in on site medical care as deemed necessary (including administration of medication that was brought for my camper and those covered in the medical directives) and to use their judgement in determining the extent of immediate medical care as required for this child including using the emergency room of a hospital. As well I agree to not hold staff or Kenesserie Camp liable for accidents and misfortune that may occur to the camper, knowing that every precaution shall be taken by staff to ensure all campers' welfare and safety.

**Signature of parent/guardian:** \_\_\_\_\_

<b>DEREGISTRATION</b> – I the parent/guardian give permission to Kenesserie Camp to release my child only to the custodial parents/guardian and the following two names.	
1. _____	2. _____
<b>Please indicate in the spaces below if there is anyone that must NOT pick up this camper.</b>	
1. _____	2. _____

**OFFICE USE ONLY**

First Aid Notes from the week:	Medications
Director's Notes:	
Signature of Authorized Person: _____	
Signature of Kenesserie Witness: _____	