

KENESSERIE CAMP REGISTRATION 2010

CAMPER

Camper Name <small>First Last</small>		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?		

FAMILY

Parent/Guardian #1 Name			Parent/Guardian #2 Name		
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 * PLEASE APPLY 5% GST & 3% PST IF REGISTERING BEFORE MAY 1ST, 13% HST MAY 1ST AND AFTER

<input type="checkbox"/> CAMP 1	JR. BOYS & GIRLS	JULY 4 - 9	AGES 7-12	\$225*
<input type="checkbox"/> CAMP 2	PRIMARY BOYS & GIRLS	JULY 6-9	AGES 5-9	\$140*
<input type="checkbox"/> CAMP 3	OPEN AGE BOYS & GIRLS	JULY 11-16	AGES 7-14	\$225*
<input type="checkbox"/> CAMP 4	JR. GIRLS	JULY 18-23	AGES 7-12	\$225*
<input type="checkbox"/> CAMP 5	OPEN AGE BOYS & GIRLS	JULY 25-30	AGES 7-14	\$225*
<input type="checkbox"/> CAMP 6	PRIMARY BOYS & GIRLS	AUG. 3-6	AGES 5-9	\$140*
<input type="checkbox"/> CAMP 7	OPEN AGE BOYS & GIRLS	AUG. 8-13	AGES 7-14	\$225*
<input type="checkbox"/> CAMP 8	OPEN AGE BOYS & GIRLS	AUG. 15-20	AGES 7-14	\$225*
<input type="checkbox"/> CAMP 9	RECREATION CAMP	JULY 11-16	AGES 12-14	\$280*
<input type="checkbox"/> CAMP 10	RECREATION CAMP	AUG. 8-13	AGES 14-16	\$280*
<input type="checkbox"/> LEADER IN TRAINING PROGRAM WEEK 1 – JULY 4-9 WEEK 2 – <input type="checkbox"/> JULY 18-23 (FEMALE LITS ONLY) OR <input type="checkbox"/> JULY 25-30 (MALE OR FEMALE) WEEK 3 – AUGUST 15-20			AGES 15-16	\$360*

PAYMENT & REFUND POLICY

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 required.

Camp fee \$ _____ + tax \$ _____ = \$ _____ (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: _____

Please complete all portions of this form and return with payment to
Kenesserie Camp, 186669 Kenesserie Road, RR 1, Ridgetown, Ontario, N0P 2C0

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: _____

DEREGISTRATION – 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. _____
Please indicate in the spaces below if there is anyone that must NOT pick up this camper.	
1. _____	2. _____

OFFICE USE ONLY

First Aid Notes from the week:	Medications
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Director's Notes: _____

Signature of Authorized Person: _____

Signature of Kenesserie Witness: _____