

Cave Springs Camp

Registration Form

Camper Information (please use one form per camper)

Camper's Name: (Last) _____ (First) _____
Birthday: (D/M/Y) _____ Age: _____ Gender: _____
Does your child require 1:1 support? Yes _____ No _____ (Please call if you are unsure.)
Does your child require any additional support? Yes _____ No _____
Additional support required for: _____
Returning Campers: This will be my _____ year at Cave Springs Camp.
Cabin/Day Camp group Request: _____ Must be the same age. Requests are not guaranteed.
Church (if applicable): _____ Sponsoring Agency (if any): _____

Parent/Guardian Information

Primary Contact Name: (Last) _____ (First) _____
Relationship to Camper: _____
Street Address: _____ City: _____ Postal Code: _____
Home Phone: _____ Work Phone _____
Cell Phone _____ Email Address: _____

Choice of Camps

Camp 1:	Camp Name: _____	Dates: _____
Camp 2:	Camp Name: _____	Dates: _____
Day Camp only: Will you be using before and after care (additional \$30/week): Yes _____ No _____ (7:30-8:30am and 4:30-5:30pm)		
Camper T-Shirt Size (Youth S-XL, Adult S-XL) _____		
T-shirts are included for those who register before May 1 st . After May 1 st add \$12 if you wish to order a t-shirt.		

Payment Information

Registrations will not be accepted without full payment arrangements.

- One Cheque** One current-dated cheque to cover full payment. Please make cheques payable to Cave Springs Camp.
- Post Date Cheque** Include one current-dated cheque for \$75 non-refundable deposit and included post-dated cheque for the remainder of your balance dated June 15th.
- Bursary Assistance** Include one current-dated cheque for \$75 deposit and a written letter explaining your need for bursary and how much you are able to contribute towards the cost of camp. Bursary requests are reviewed June 1st. If sufficient bursary assistance is not available, the deposit will be refunded in full. If the deadline has passed, please contact the camp director for the status of funds available.
- Credit Card Payment** (full camp fees only) Credit card will be charged in full upon receipt of this registration.

Visa or Mastercard Number _____ Expiry _____

Name as it appears on the card: _____

Consent

I/We authorize Cave Springs Camp and/or the United Church of Canada to take photographs or video recordings of my camper and use them:

- For social media promotional use (Cave Springs Camp Twitter/Facebook) Yes___ No___
- For advertisement/promotion of Cave Springs Camp Yes___ No___
- For camp photo CD (shown on final day of camp, sold at the end of each session) Yes___ No___

My child's name and address can be included on the camp address list (given to all campers).

Yes___ No___

Off-Site Agreement

At Cave Springs Camp we enjoy a number of outdoor activities that take us off the Cave Springs Camp property. These activities include, but may not be limited to, canoeing at Jordan Harbour, hiking the Bruce Trail, and camping at local public campgrounds. All of these activities are supervised by trained staff of Cave Springs Camp at all times and we feel they are an integral part of our camping program.

I give my camper permission to participate in these activities under the guidance and supervision of trained Cave Springs Camp staff.

Yes___ No___

Behaviour Agreement

Camp is a place to have fun, as well as to learn about yourself and others. To ensure that this experience is open to everyone, we would like campers and their parent/guardians to know what is expected ahead of time.

Cave Springs Camp expects campers:

- To follow the direction of staff who are trained to know what is a safe activity
- To use appropriate language
- To avoid activities that would hurt others (fighting, constant teasing)
- To avoid smoking and the use of illegal drugs

The camp director reserves the right to dismiss a camper who in his/her opinion is a risk to the safety and rights of others. A decision to send home a camper will require the parent/guardian to arrange transportation at the earliest possible time. Refunds for unused camp time will not be administered.

I understand and agree to the above guidelines.

Signature of Camper: _____

Signature of Parent/Guardian: _____

Registration/Refund Policies

Cancellation Fees:

Prior to June 15 – subject to \$25 fee

June 15 to One Week Prior to Camp Start Date – subject to \$75 fee (non-refundable deposit)

Within One week of Camp Start Date – subject to full camp fee (unless medical documentation or other appropriate documentation is provided to the camp director prior to the start of camp).

Withdrawal, Misconduct, Homesickness: Refunds are not given if the parent/guardian withdraws a camper from a session early or if the camper is sent home due to misconduct.

Day Camp – Before/After Care:

Please note the full \$30 before/after care fee will be charged for any campers dropped off before 8:30am or picked up after 4:30pm. Once the fee has been charged the camper can use the services for the remainder of the session.

I have completed the Cave Springs Camp Registration form in full and understand the registration/refund policies of Cave Springs Camp.

My confirmation can be sent by email. Yes ___ No ___

Parent Guardian Signature: _____

Cave Springs Camp

Medical Form

Allergies and Dietary Restrictions

Does your child have any allergies?

Yes ___ No ___

If yes to any question, please explain:

Does your child require an EpiPen?

Yes ___ No ___

Does your child have any dietary restrictions?

Yes ___ No ___

Medications and Treatments

Will your child be taking any medications while at camp?

Yes ___ No ___

Will your child require any treatments while at camp (other than prescription medication)?

Yes ___ No ___

Does your child regularly take any medications that will not be taken at camp?

Yes ___ No ___

If yes to any question, please explain:

May the following over-the-counter medications be given to your child while at camp?

Acetaminophen (i.e. Tylenol) Yes ___ No ___

Anatacids Yes ___ No ___

Antibiotic Cream) Yes ___ No ___

Antihistamines (i.e. Benadryl) Yes ___ No ___

ASA (Aspirin) Yes ___ No ___

Calamine Lotion Yes ___ No ___

Cold and Sinus (i.e. Children's Tylenol) Yes ___ No ___

Ibuprofen (i.e. Advil) Yes ___ No ___

Insect Repellent Yes ___ No ___

Pepto-Bismol Yes ___ No ___

Sting Swabs Yes ___ No ___

Sunscreen Yes ___ No ___

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child?

Health History

Has your child experienced, or is currently experiencing, any of the following conditions?

ADD/ADHD Yes ___ No ___

Asthma/Inhaler Yes ___ No ___

Autism Spectrum Disorder Yes ___ No ___

If yes to any question, please explain:

Bedwetting Yes ___ No ___

Behavioural Issues Yes ___ No ___

Blackouts/Fainting Yes ___ No ___

Concussion Yes ___ No ___

Developmental Delays Yes ___ No ___

Diabetes Yes ___ No ___

Fetal Alcohol Syndrome Yes ___ No ___

Homesickness Yes ___ No ___

Lice Yes ___ No ___

Mental Health Issues Yes ___ No ___

Nightmares/Terrors Yes ___ No ___

Other Yes ___ No ___

Has your child been exposed to any communicable diseases within the last 3 months?

Yes ___ No ___

Does your child have any restrictions on activity?

Yes ___ No ___

Will your child require any special assistance while at camp?

Yes ___ No ___

If yes to any question, please explain:

Please list any other medical information the camp should have about your child.

Is there anything you would like to discuss with the camp medical staff?

Yes ___ No ___

Health Insurance and Doctor Information

Family Doctor _____ Phone Number _____

Health Card Number _____ Expiry Date _____

Emergency Contact (the emergency contact should be someone other than a parent/guardian)

Name _____ Relationship to camper _____

Phone Number _____ Alternative phone number _____

Medical Waiver

To the best of my knowledge, my camper is in good health.

In case of an emergency and I am not available for consultation, I give my permission for the health care coordinator to secure proper medical treatment for my camper. The cost of any prescriptions will be borne by me.

I also give permission for the health care coordinator to administer any of the prescription medication that I've listed, as well as the over the counter medication that I have checked off on this form.

Signing below confirms that you have read the medical waiver, that you understand it, and that you agree to be bound by it.

Signature _____ Date _____