

LAKE SCUGOG CAMP 2010 REGISTRATION FORM

Return to: Registrar, Lake Scugog Camp, 1757 Broadoak Cres. Pickering, ON L1V4S6 • 905-837-0648

CAMPER INFORMATION ONE FORM PER CAMPER: (photocopies accepted)

Name: _____ Male Female Mother

Address: _____
No. Street Apt. City Postal Code

Hm. Tel. (____) _____ Date of Birth (d/m/y) _____ Age July 1st _____

Name of parent(s) or guardian(s) with legal custody: _____

Hm. Tel. (____) _____ Cell. Tel. (____) _____ Bus. Tel. (____) _____

Email: _____

Has child attended Lake Scugog Camp before? No Yes #of years _____ when? _____

Are you a member of a church? Church Name _____

Preferred session: #1 #2 #3 #4 #5 LIT Cabin mate request: _____

CONTACT INFORMATION

Emergency Contact: (other than information above)

Name: _____ Relationship: _____

Hm. Tel. (____) _____ Cell. Tel. (____) _____ Bus. Tel. (____) _____

Who can pick up the camper from camp in case of emergency or if camper needs to leave prior to end of session?

Name: _____ Relationship: _____ Tel. (____) _____

Referral Contact:

Name of Agency (CAS), Church, School, etc.: _____

Name: _____ Tel. (____) _____ Ext. _____

Email: _____

If there is information **not** documented that is necessary for the safety/appropriate management and enjoyment of this camper, please indicate who the Director should contact to discuss these issues confidentially.

Name: _____ Relationship: _____ Tel. (____) _____

TRANSPORTATION INFORMATION

The camp provides transportation to and from Yorkdale Shopping Centre in Toronto. Please indicate your requirements:

Bus to camp: No Yes (departs from Mall - 10:00 a.m.)

Bus from camp: No Yes (returns to Mall - 11:00 a.m.)

Who will be providing transportation for camper to/from camp if bus is not required? *Please call for directions.*

Name: _____ Relationship: _____ Tel. (____) _____

The camper will only be released to the person named herein. The camp must be informed of any changes to the information in this section.

CAMPER NAME:

The following is to be filled out by Camper's Parent, Guardian, Minister, Reference or Social Worker. If a camper is sponsored by a Children's Aid Society or other agency, it is essential that the Social Worker take time to ensure that accurate and complete information is provided below. Please consider the following questions and answer carefully. The more information we have, the better we can provide this camper with a positive camping experience.

Which of the following best describes this camper? Please check (✓) as many as apply.

Favourite Camp Activities:

- | | | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Archery | <input type="checkbox"/> Crafts | <input type="checkbox"/> Campfires | <input type="checkbox"/> Tree Climbing | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Kayaking | <input type="checkbox"/> Field Games | <input type="checkbox"/> Overnights | <input type="checkbox"/> Drama | <input type="checkbox"/> Special Days | Can camper swim? |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Low Ropes | <input type="checkbox"/> Hiking | <input type="checkbox"/> Biking | <input type="checkbox"/> Camper's Choice | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Camper Behaviour:

- | | | | | | |
|------------------------------------|--|-------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> energetic | <input type="checkbox"/> wants to go to camp | <input type="checkbox"/> sensitive | <input type="checkbox"/> cooperative | <input type="checkbox"/> likes to be alone | <input type="checkbox"/> been away from home |
| <input type="checkbox"/> lazy | <input type="checkbox"/> walks in sleep | <input type="checkbox"/> quiet | <input type="checkbox"/> aggressive | <input type="checkbox"/> leader | <input type="checkbox"/> challenging behaviour |
| <input type="checkbox"/> nervous | <input type="checkbox"/> afraid of the dark | <input type="checkbox"/> easy going | <input type="checkbox"/> hyper active | <input type="checkbox"/> follower | <input type="checkbox"/> temper |
| <input type="checkbox"/> happy | <input type="checkbox"/> has friends | <input type="checkbox"/> moody | <input type="checkbox"/> homesick | <input type="checkbox"/> wets bed | <input type="checkbox"/> stealing |
| <input type="checkbox"/> compliant | <input type="checkbox"/> anxious | <input type="checkbox"/> defiant | <input type="checkbox"/> shy | <input type="checkbox"/> low self esteem | <input type="checkbox"/> sexual behaviour |
| <input type="checkbox"/> rude | <input type="checkbox"/> bad language | <input type="checkbox"/> runs away | <input type="checkbox"/> respectful | <input type="checkbox"/> trustworthy | <input type="checkbox"/> bullied <input type="checkbox"/> bully |

Easily relates to: own age younger older adults authority

Difficulty relating to: own age younger older adults authority

Eating habits: fussy hearty average fast slow

Please indicate approaches/behaviour management methods that work well with this camper or any challenges this camper may experience while away at camp, (behavioural, medical, emotional, eating, sleeping, recent trauma, other). Attach note if necessary.

AUTHORIZATION

PHOTO CONSENT: I/We hereby give permission and the legal right to LAKE SCUGOG CAMP for the use and ownership of any written or audio-visual material, and photographs of the enrolled camper for publicity and promotional purposes.

Parent / Legal Guardian Signature

Relationship to Camper

Date

CONDITIONS OF ENROLLMENT:

- The Director of Lake Scugog Camp reserves the right to dismiss a camper who, in his/her opinion, has displayed unacceptable behavior and /or has not complied with the rules of the camp.
- No refund of fees will be made for dismissals, late arrivals or early departures.
- As the parent(s)/legal guardian(s) of the applicant child, I am the only person/we are all of the persons having legal guardianship of the applicant child. Any conditions of custody and access, if applicable, will be fully communicated in writing to Lake Scugog Camp with this application.
- I/We wish my/our child to take part in the FULL CAMP PROGRAM unless I/we advise you otherwise in writing prior to the start of Camp.
- Permission is hereby given to Lake Scugog Camp staff to dispense prescription and/or standard non-prescription drugs as required and I/we confirm that all known drug allergies of the child are set out in this application.

PRIVACY CONSENT: I/we understand that to provide myself/my child with camper care, Lake Scugog Camp will collect personal information about myself/my child. I/we have reviewed the information provided about the collection, use and disclosure of personal information and steps taken to protect it, on the website. I/we understand how this information applies to myself/my child. I/we have been given a chance to ask any questions I/we have about Privacy Policies and they have been answered to my satisfaction. I/we agree to Lake Scugog Camp collecting, using and disclosing personal information about myself/my child set out in the Lake Scugog Camp Privacy Statement.

RELEASE AND WAIVER: In consideration of LAKE SCUGOG CAMP accepting this application, I/we, as the parent(s)/legal guardian(s) of the applicant child, for the applicant child, and for ourselves, our heirs, executors, administrators and assigns, release and forever discharge each of LAKE SCUGOG CAMP, THE UNITED CHURCH OF CANADA and THE TORONTO UNITED CHURCH COUNCIL, their respective directors, officers, servants, agents or employees from any and all claims, demands, damages, actions or causes of actions whatever in law or in equity arising out of or in consequence of any loss, injury or damage to the applicant child's person or property incurred while attending Lake Scugog Camp or participating in any of the Lake Scugog Camp programs or facilities, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of any of said organizations or those for whom the said organizations are at law responsible.

INDEMNIFICATION: In consideration of LAKE SCUGOG CAMP accepting this application, I/we, as the parent(s)/legal guardian(s) of the applicant child agree to indemnify and save harmless each of LAKE SCUGOG CAMP, THE UNITED CHURCH OF CANADA and THE TORONTO UNITED CHURCH COUNCIL, their respective directors, officers, servants, agents or employees from any and all claims or demands which might be made against any of the said organizations or individuals arising out of or in consequence of the attendance by the applicant child at Lake Scugog Camp, including but not limited to the participation by the applicant child in any program or facility of Lake Scugog Camp.

Parent / Legal Guardian Signature

Relationship to Camper

Date

Print Name

LAKE SCUGOG CAMP HEALTH FORM

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CAMPER NAME: _____ Date of Birth: _____ Age: _____ Session # _____

Name of parent(s) / guardian(s) with legal custody: _____

Hm. Tel. (____) _____ Cell Tel. (____) _____ Bus. Tel. (____) _____

Health Card #: _____ (____) Last Tetanus shot: _____
expiry

Family Doctor: _____ Telephone: (____) _____

Please check (✓) as many as apply.

- | | | | | |
|-----------------------------------|---|---------------------------------------|--|---|
| <input type="checkbox"/> seizures | <input type="checkbox"/> bladder infections | <input type="checkbox"/> depression | <input type="checkbox"/> ear aches | <input type="checkbox"/> menstruation |
| <input type="checkbox"/> HIV (+) | <input type="checkbox"/> fainting spells | <input type="checkbox"/> hepatitis | <input type="checkbox"/> stomach aches | <input type="checkbox"/> carries a puffer |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> smoker | <input type="checkbox"/> sore throats | <input type="checkbox"/> hemophilia | <input type="checkbox"/> carries an Epi Pen |
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> headaches | <input type="checkbox"/> learning disability | <input type="checkbox"/> asthma |
| <input type="checkbox"/> OCD | <input type="checkbox"/> ODD | <input type="checkbox"/> diabetes | <input type="checkbox"/> treated for head lice | <input type="checkbox"/> other _____ |

Dietary restrictions:

- vegetarian lactose intolerant religious restrictions _____

Allergies: Drug / Food / Other: (describe) _____

Any life threatening allergies? (we are NOT peanut free): _____

Diagnosed Disorder(s)/ Disability(s): _____

Past Medical History: _____

Prescriptions taken this past year that you will NOT be continuing while at camp: _____

Recent operations, illness or injury: _____

Prescription, Over-the-Counter, or Alternative Medication to be taken at camp.

(please bring in original container with the camper name, medication name, Doctor name and phone # and dosage clearly visible)

Name of Medication	Dosage	How/When Administered	Reason for Taking

I confirm that to the best of my knowledge, except as noted on this form, this person is in good health and physically able to participate in all camp activities. I will notify the camp in writing if the individual is exposed to an infectious disease during the three weeks prior to arriving at camp.

In the case of medical or surgical emergency, the camp will contact the parent/guardian or emergency contact on this form. In the event that person cannot be contacted, I give permission to the physician selected by the Camp Director to call for ambulance, secure proper treatment, hospitalize, order injection, anaesthesia or surgery for the individual.

Parent / Legal Guardian Signature _____ Print Name _____ Date _____