

# LAKE SCUGOG CAMP 2012 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**

### Alternate 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 Bayview Village Shopping Centre in Toronto. Please indicate your requirements:

Bus to camp:  No  Yes (departs - 10:00 a.m.)\*

Bus from camp:  No  Yes (returns - 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.

*\*Detailed Bus Information included in your confirmation package.*

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

**Camper Behaviour:**

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

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.

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**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