

**CONDITIONS OF ENROLLMENT:**

As the parent / guardian of the above named camper, I accept and agree to the following terms/conditions:

1. Submission of completed **Application Form with Health Form** (on reverse) with **camp fee** (fee required 2 weeks before the camp start date).
2. Acknowledgment of the Parent/Guardian that he/she is responsible to arrange transportation for the camper to and from the busing location in accordance with the scheduled times as assigned.
3. Acceptance by the Parent/Guardian of the conditions that the Camp Director (or his/her designated representative) reserves the right to dismiss any camper who in his/her opinion demonstrates a hazard to the safety and/or well being of the camp; himself/herself; or others as well as any camper who rejects the responsible controls of the camp.
4. **Camper; dismissed under the above circumstances; will not be given a refund.**
5. Campers sent home due to homesickness will also not be given a refund.
6. Acceptance by the Parent/Guardian of the condition that refunds for camp fees, **less a \$25.00 cancellation fee**, will be offered only if notice of cancellation is received **two weeks prior** to the commencement of the camp.
7. I assume full responsibility for my child's / ward's health, being such that involvement in camp activities will in no way aggravate any conditions present and therefore give permission for such involvement (where necessary, I have sought competent medical advice).
8. Should the state of health change prior to my child's / ward's coming to Camp but after submission of this form, I will notify the Camp office immediately.
9. I accept financial responsibility in excess of the benefits allowed by the Provincial Health Insurance Plan:
  - Where the health and well being of my child/ward is involved.
  - Where medical advice is such that further services are required.
10. Should attempts to contact me (the parent/guardian) fail, or should the nature of an emergency incident require immediate action (i.e., there is insufficient time to contact the parent/guardian) I hereby authorize the Camp Director or his/her representative to act at their discretion for the welfare and safety of my child/ward.
11. I give permission to use any camp pictures taken of my child/children in Salvation Army promotional materials.

**ALTERNATE EMERGENCY / CAMPER RELEASE CONTACTS  
{OTHER THAN LEGAL GUARDIAN(s)}**

It is imperative to the well-being of the camper that someone is available to be contacted during their **entire stay** at camp. In case of emergency while your son/daughter/ward is at camp, please supply us with the name of at least one **alternate** emergency contact **to be used only if you cannot be reached** **(Do not list Parent/Guardian's name).** (PLEASE PRINT)

1. NAME \_\_\_\_\_

RELATIONSHIP TO CAMPER \_\_\_\_\_

PHONE NUMBER(S) ( ) \_\_\_\_\_ OTHER ( ) \_\_\_\_\_

2. NAME \_\_\_\_\_

RELATIONSHIP TO CAMPER \_\_\_\_\_

PHONE NUMBER(S) ( ) \_\_\_\_\_ OTHER ( ) \_\_\_\_\_

3. NAME \_\_\_\_\_

RELATIONSHIP TO CAMPER \_\_\_\_\_

PHONE NUMBER(S) ( ) \_\_\_\_\_ OTHER ( ) \_\_\_\_\_

I am a legal guardian of the applicant with full authority to make decisions with respect to the care, upbringing and education of the applicant. I confirm that all of the people listed above have my full authority to pick up the applicant during or at the end of the camp session, and I hereby authorize you to release the applicant into the custody of any of the above people.

I understand that if I have not inserted the name of anyone in the space provided above, and if I have not provided the camp with authority over the telephone, **the applicant will not be released into the custody of anyone who attends the camp to visit the applicant, even if the visitor is a relative.**

**FAMILY PHYSICIAN INFORMATION**

DOCTOR'S NAME \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

ARE INOCULATIONS UP-TO-DATE? \_\_\_\_\_ DATE OF LAST TETANUS SHOT \_\_\_\_\_

**HEALTH CARD INFORMATION - (Important: Please Read)**

The Salvation Army, Ontario Central Divisional Camps requests that you provide your child's health card number. In accordance with the Health Cards and Numbers Control Act, 1991 you are under no obligation to provide us with your child's health card number and your child's application for camp will not be rejected as a result of your failure to provide this number. The sole purpose of collecting your child's health card number is to facilitate the provision of medical services to your child, should this become necessary during the camp session. If you wish to voluntarily provide us with your child's health card number;

**Health card #:** \_\_\_\_\_

*Does the camper have a present problem with any medical conditions not listed in the medical information, or do you feel that we need additional information to ensure the well-being of your child while at camp? If so, please provide further details, including regular symptoms and treatment.*

**Condition:** \_\_\_\_\_

**Usual Symptoms:** \_\_\_\_\_

**Regular treatment:** \_\_\_\_\_

**Detail:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAIL OR DELIVER COMPLETED FORM TO:**



THE SALVATION ARMY  
NORTHRIDGE COMMUNITY CHURCH  
415 PICKERING CRESCENT  
P.O. Box 356  
NEWMARKET, ON L3Y 4X7  
PHONE: (905) 895-6276  
FAX: (905) 830-0343  
email: mail@northridgecommunitychurch.com  
website: www.northridgecommunitychurch.com

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT / GUARDIAN**

**MEDICAL INFORMATION**

DOES THE CAMPER HAVE ANY OF THE FOLLOWING CONDITIONS? (PLEASE CHECK)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ASTHMA                 | <input type="checkbox"/> HEART DISEASE        | <input type="checkbox"/> ECZEMA            |
| <input type="checkbox"/> BRONCHITIS             | <input type="checkbox"/> EPILEPSY             | <input type="checkbox"/> SKIN DISEASE      |
| <input type="checkbox"/> HAY FEVER              | <input type="checkbox"/> FAINTING             | <input type="checkbox"/> KIDNEY TROUBLE    |
| <input type="checkbox"/> TONSILLITIS            | <input type="checkbox"/> DIABETES             | <input type="checkbox"/> CONVULSIONS       |
| <input type="checkbox"/> EAR TROUBLE/INFECTIONS | <input type="checkbox"/> SPEECH IMPEDIMENT    | <input type="checkbox"/> BED WETTING       |
| <input type="checkbox"/> LEARNING DISABILITY    | <input type="checkbox"/> FREQUENT COLDS       | <input type="checkbox"/> BEHAVIOR DISORDER |
| <input type="checkbox"/> HYPERACTIVITY          | <input type="checkbox"/> ARTHRITIS            | <input type="checkbox"/> WEAK JOINTS       |
| <input type="checkbox"/> PHYSICAL HANDICAP      | <input type="checkbox"/> MIGRAINES            | <input type="checkbox"/> HYSTERIA          |
| <input type="checkbox"/> NIGHTMARES             | <input type="checkbox"/> NOSEBLEEDS           | <input type="checkbox"/> SLEEP WALKING     |
| <input type="checkbox"/> CO-ORDINATION PROBLEMS | <input type="checkbox"/> ARE YOU A VEGETARIAN | <input type="checkbox"/> MOTION SICKNESS   |

**(Dietary restrictions: MUST be communicated prior to arrival at Camp)**

Other: \_\_\_\_\_

PLEASE GIVE DETAILS OF USUAL TREATMENT SHOULD CONDITION INDICATED OCCUR:

IF THE CAMPER SUFFERS FROM ANY OF THE ABOVE, PLEASE SPECIFY HOW SEVERE THE CONDITION IS: \_\_\_\_\_

DOES THE CAMPER USE:  GLASSES  CONTACTS  HEARING AID

LIST ANY ALLERGIES THAT THE CAMPER HAS, INCLUDING FOOD, DRUGS, INSECT STINGS, OR OTHER SUBSTANCES. PLEASE INDICATE SEVERITY AND USUAL TREATMENT:

IS THIS ALLERGY LIFE-THREATENING? \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS THAT THE CAMPER WILL BRING TO CAMP, THE REASON FOR IT, AND HOW OFTEN IT IS TO BE TAKEN: **(NOTE: a camper that arrives at camp without medication will have to be sent home).**

LIST ANY RECENT OPERATIONS, INJURIES OR ILLNESSES:

I GIVE PERMISSION FOR MY SON/DAUGHTER/WARD TO BE ADMINISTERED ACETAMINOPHEN (Tylenol), GRAVOL, COUGH SYRUP OR ANY ITCH RELATED ITEMS (Caladryl etc.). IF NOT, PLEASE INDICATE ALTERNATIVE. (Note: Alternatives will have to be supplied by the guardian).  Yes OR ALTERNATIVE: \_\_\_\_\_

PLEASE INCLUDE ANY ADDITIONAL INFORMATION (ie. MEDICAL/PHYSICAL, SPECIAL CONDITIONS, CUSTODY CONSIDERATIONS ETC..) WHICH MAY BE HELPFUL IN CARING FOR THE CAMPER (use an additional sheet if necessary).

# 2008 NORTHRIDGE DAYCAMP

For Ages 7—12

**Hours of Operation:**  
Drop Off — 7:30 A.M. (sharp)  
Pickup — 6:00 P.M.

**COST: \$165.00 per week**

This cost includes busing, all lunches, snacks and program.  
An optional overnighiter is available for youth 11 + 12 for \$10.  
Additional fees apply for late pickups beyond 6:30 PM.

**Location: The Salvation Army,  
Jackson's Point Ontario Camp**



**OFFICE USE ONLY**

- DATES CONFIRMED:  week 1 - June 30-July 4  week 2 - July 7-11  
 week 3 - July 14-18  week 4 - July 21-25  
 week 5 - July 28-Aug. 1  week 6 - Aug. 4-8  
 week 7 - Aug. 11-15  week 8 - Aug. 18-25

TOTAL FEE \$ \_\_\_\_\_ DATE PAID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_ DATE PAID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_ DATE PAID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Mail Form To:

THE SALVATION ARMY  
NORTHRIDGE COMMUNITY CHURCH  
P.O. BOX 356  
NEWMARKET, ON L3Y 4X7  
PHONE: 905-895-6276  
FAX: 905-830-0343

Or Drop form off in Person at:

THE SALVATION ARMY  
NORTHRIDGE COMMUNITY CHURCH  
415 PICKERING CRES.,  
NEWMARKET, ON L3Y 8G8  
PHONE: 905-895-6276  
FAX: 905-830-0343

email: mail@northridgecommunitychurch.com  
website: www.northridgecommunitychurch.com



## DAY CAMP APPLICATION FORM

AGES 7—12

Please fill out a SEPARATE application for EACH child.  
Please READ & PRINT all information clearly!

**PERSONAL INFORMATION**

CAMPER'S NAME \_\_\_\_\_ last name first name

1st PARENT/LEGAL GUARDIAN'S NAME \_\_\_\_\_ last name first name

2nd PARENT/LEGAL GUARDIAN'S NAME \_\_\_\_\_ last name first name

EMAIL ADDRESS \_\_\_\_\_ IS CAMPER: M  F

BIRTHDATE OF CAMPER \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE AS OF CAMP DATE \_\_\_\_\_  
m d y

PHONE NUMBERS: HOME ( ) \_\_\_\_\_

WORK ( ) \_\_\_\_\_ OTHER ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ APARTMENT # \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

MAIN STREET INTERSECTIONS \_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

HAS THE CAMPER ATTENDED A SALVATION ARMY CAMP BEFORE?:  Yes  No

WHAT YEARS? \_\_\_\_\_

**2008 CAMP DATES REQUESTED: (Please check off)**

- |  |  |
|--|--|
| <input type="checkbox"/> week 1 - June 30-July 4 | <input type="checkbox"/> week 2 - July 7-11  |
| <input type="checkbox"/> week 3 - July 14-18     | <input type="checkbox"/> week 4 - July 21-25 |
| <input type="checkbox"/> week 5 - July 28-Aug. 1 | <input type="checkbox"/> week 6 - Aug. 4-8   |
| <input type="checkbox"/> week 7 - Aug. 11-15     | <input type="checkbox"/> week 8 - Aug. 18-25 |



Ontario Camping Association



Christian Camping International