



NORTHRIDGE DAY CAMP

Ages 7-12 (Grades 2-7)

2010 Application Form

Please fill out a SEPARATE application and medical form for EACH Camper. PRINT all information clearly!
 Completed APPLICATION FORM, CAMPER MEDICAL FORM, and Required Fee must be submitted 2 weeks before camp start date.

Camp Office use Only Camper's Name (surname, First)

CAMPER INFO	Last Name		First Name		<input type="checkbox"/> Female	
					<input type="checkbox"/> Male	
	Home Address			City		
	Province	Postal Code	Camper email address:			
	Birth date MM/DD/YYYY	Age As of July 1, 2010	Health Card #			
	Family Doctor:		Doctor Phone #:			
	Name of School:			Name of Church:		
<input type="checkbox"/> First Time Camper <input type="checkbox"/> Returning Camper						

The cost of a Camp T-Shirt is included. Please indicate t-shirt size (only one T-Shirt per camper)

Check One:	Small	Medium	Large	X Large
Youth: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult: <input type="checkbox"/>				

PARENT/GURADIAN	Camper lives with: <input type="checkbox"/> Both parents together <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
	Parent/Guardian 1:	Parent/Guardian 2:
	Home Phone # () () ()	Home Phone # () () ()
	Work Phone # () () ()	Work Phone # () () ()
	Cell Phone # () () ()	Cell Phone # () () ()
	Email:	Email:

CONTACT	Emergency Contact (This number will only be used if parent cannot be contacted)		Relationship to Camper:
	Home Phone #		Work Phone #
	Cell Phone #		E-mail Address

Date Received at Ontario Camping Office:	Amount Received: \$ _____ via _____
Date Payment Deposited:	

Camp: _____

Week # _____



CAMP FEES	I would Like to Register for:			
	Day Camp - please check appropriate week		Fee:	Subtotal
	<input type="checkbox"/> Week 1 July 5-July 9		\$185.00	
	<input type="checkbox"/> Overnight Camp Out Thurs. July 8 (Age 11 & 12 ONLY) (Grades 6 & 7)		\$10.00	
	<input type="checkbox"/> Week 2 July 12- July 16		\$185.00	
	<input type="checkbox"/> Overnight Camp Out Thurs. July 15 (Age 11 & 12 ONLY) (Grades 6 & 7)		\$10.00	
	<input type="checkbox"/> Week 3 July 19- July 23		\$185.00	
	<input type="checkbox"/> Overnight Camp Out Thurs. July 22(Age 11 & 12 ONLY) (Grades 6 & 7)		\$10.00	
	<input type="checkbox"/> Week 4 July 26- July 30		\$185.00	
	<input type="checkbox"/> Overnight Camp Out Thurs. July 29(Age 11 & 12 ONLY) (Grades 6 & 7)		\$10.00	
	<input type="checkbox"/> Week 5 Aug 2- Aug 6		\$185.00	
	<input type="checkbox"/> Overnight Camp Out Thurs. Aug. 5(Age 11 & 12 ONLY) (Grades 6 & 7)		\$10.00	
	<input type="checkbox"/> Week 6 Aug 9- Aug 13		\$185.00	
	<input type="checkbox"/> Overnight Camp Out Thurs. Aug. 12(Age 11 & 12 ONLY) (Grades 6 & 7)		\$10.00	
	<input type="checkbox"/> Week 7 Aug 16- Aug 20		\$185.00	
<input type="checkbox"/> Overnight Camp Out Thurs. Aug. 19(Age 11 & 12 ONLY) (Grades 6 & 7)		\$10.00		
<input type="checkbox"/> Week 8 Aug. 23- Aug.27		\$185.00		
<input type="checkbox"/> Overnight Camp Out Thurs. Aug. 26 (Age 11 & 12 ONLY) (Grades 6 & 7)		\$10.00		
Please enclose cheque payable <input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH		TOTAL:		
The Camp Fee includes transportation from Northridge Community Church, all lunches and all program supplies.				

Terms and Conditions:

- Custody and Disclosure:** The Parent(s) or Guardian(s) submitting this registration are those having legal custody of the child. Conditions of custody, if applicable, must be fully communicated in writing to the Ontario Camping Office, including if applicable, a photocopy section of any court order referring to visitation rights. The parent(s)/guardian(s) certify that any and all physical, mental or behavioral weaknesses or problems are fully disclosed with the Registration. Failure to disclose weaknesses or problems at the time of registration could result in dismissal. The signature on the Registration Form signifies that both parent(s)/guardian(s) are in agreement with the conditions of enrolment.
- Cancellation or Dismissal:** Cancellation more than one month prior to the start of camp – Full refund less \$25.00 administration fee. Cancellations one month to two weeks prior to camp less \$75.00 administration fee. Cancellation less than two weeks prior to the start of camp - NO REFUND. An exception is made for medical reasons with a note from a doctor. **DISCIPLINE:** The Ontario Camping Ministry reserve the right to dismiss a camper, who in the opinion of the camp, is a hazard to the safety of themselves or others or who appears to have rejected the reasonable controls of camp. If this occurs, no fees will be refunded and the camper may not be allowed to return to the camp in the future. Campers sent home due to homesickness will not be given a refund.
- POSSESSION OF TOBACCO, ALCOHOL OR OTHER ILLEGAL SUBSTANCES IS STRICTLY PROHIBITED.**
- Medical Treatment:** Each Camper must have Provincial or equivalent medical coverage. In case of a surgical emergency, the parent(s)/guardian(s) give permission to the physician selected by the Camp Director or his/her representative to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery to the camper. In the event that the camper requires special medication, x-ray or treatment beyond that which is available at camp the parent(s)/guardian(s) will be notified promptly and will be charged for any additional cost involved for transportation or special care. Should attempts to contact the parent/guardian fail, the Camp Director or his/her representative is authorized to act at their discretion for the welfare and safety of the Camper. The parent(s)/guardian(s) give Camp Health Staff permission to administer non prescription drugs such as Tylenol (acetaminophen), for the medical well being of the camper. Any changes in medical history with 4 weeks of the camp session must be reported to the camp.
- Liability:** Care is taken for the safety and good health of campers, but in the event of any loss, illness, injury or damage whatsoever suffered by or in relation to my child, The Salvation Army Ontario Provincial Camps, its officers, employees, agents and volunteers are hereby released from any liability. The Salvation Army Ontario Camping Ministry is not responsible for damage or loss of personal property.
- Privacy:** All video, photographs taken by The Salvation Army Ontario Camping Ministry are the property of The Salvation Army and may be used for promotional purposes. No personal information will be used for promotional purposes. Where pictures should not be taken , arrangements should be made with the Ontario Camping office 905-722-5751

Parent/Guardian Consent:

As the parent/guardian of the camper I have read the above. I understand and accept the Terms and Conditions of enrolment. I hereby consent to my child attending The Salvation Army Ontario Camps. I also give permission for him/her to participate in all camp activities including those which may be held off camp property. I have disclosed to The Salvation Army all relevant medical and physical information with respect to my child.

Signature of Parent/Guardian _____ Date: _____

PLEASE RETURN APPLICATION AND PAYMENT TO:

The Salvation Army
 Northridge Community Church
 415 Pickering Crescent
 Newmarket, ON
 L3Y 8G8

Phone: 905-895-6276 Fax: 905-830-0343

E-mail: mail@northridgecommunitychurch.com
www.salvationarmycentralyork.ca

Camper Medical Form

The Salvation Army Ontario Camping Ministry

CAMPER INFO	Last Name		First Name		<input type="checkbox"/> Female	
					<input type="checkbox"/> Male	
	Home Address			City		
	Province	Postal Code	Birth date MM/DD/YYYY			
Age As of July 1, 2010		Health Card #	Issuing Province:			

CONTACT	Primary:		Secondary:	
	Name:		Name:	
	Home Phone # ()		Home Phone # ()	
	Work Phone # ()		Work Phone # ()	
	Cell Phone # ()		Cell Phone # ()	
Family Doctor:		Doctor Phone #:		
If we are not able to contact a parent/guardian, we may contact the family physician for more medical information.				

HEALTH HISTORY	Any medical, emotional, or behavioural condition(s) not fully disclosed on this health form could result in the camper being sent home from camp. In that event, no refund will be issued																							
	Medical Conditions <input type="checkbox"/> None																							
	<input type="checkbox"/> Hepatitis B,C	<input type="checkbox"/> IBS	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Seizures																			
	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Crohns	<input type="checkbox"/> Depression	<input type="checkbox"/> Visual Problems	<input type="checkbox"/> Diabetes																			
	<input type="checkbox"/> Cancer	<input type="checkbox"/> Colitis	<input type="checkbox"/> Fetal Alcohol Syndrome	<input type="checkbox"/> Mouth Injuries	<input type="checkbox"/> Asthma/Inhalers																			
	<input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Mental Health Issues	<input type="checkbox"/> Behavioural issues																				
	<input type="checkbox"/> Other Describe:																							
	Current Problems <input type="checkbox"/> None																							
	<input type="checkbox"/> Constipation	<input type="checkbox"/> Homesickness	<input type="checkbox"/> Nightmares/Terrors	<input type="checkbox"/> Sinus Infections																				
	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Headaches	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Ear Infections																				
	<input type="checkbox"/> Stomach Aches	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Sore Throats																					
	<input type="checkbox"/> Other Describe:																							
	Surgical History (insert date beside surgery) <input type="checkbox"/> None																							
	<input type="checkbox"/> Heart	<input type="checkbox"/> Tonsillectomy	<input type="checkbox"/> Ear Tubes																					
	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Appendectomy	<input type="checkbox"/> Hernia Repair																					
<input type="checkbox"/> Other Describe:																								
Allergies & Dietary Considerations <input type="checkbox"/> None																								
Drug Allergies:																								
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Cephalosporin	<input type="checkbox"/> Anesthetic	<input type="checkbox"/> Acetaminophen																				
<input type="checkbox"/> Other Describe:																								
Environmental Allergies																								
<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Pollen	<input type="checkbox"/> Hayfever	<input type="checkbox"/> Animal Dander	<input type="checkbox"/> Dust/Mold																				
<input type="checkbox"/> Other Describe:																								
Food Allergies																								
<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Nuts	<input type="checkbox"/> Food Dye																				
<input type="checkbox"/> Other Describe:																								
Special Diet																								
<input type="checkbox"/> vegetarian	<input type="checkbox"/> Lactose-free	List food to avoid for medical reasons:																						
DESCRIBE REACTION TO ALLERGIES CHECKED ABOVE:																								
Anaphylactic reaction to allergies <input type="checkbox"/> Yes <input type="checkbox"/> No Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No Child Knowledge of Use of Epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td colspan="2"></td> </tr> <tr> <td>Has your child been immunized?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>Are your child's immunizations up to date?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>Overnight hospital stay in last 6 months?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2"></td> </tr> </table>						Yes	No			Has your child been immunized?	<input type="checkbox"/>	<input type="checkbox"/>			Are your child's immunizations up to date?	<input type="checkbox"/>	<input type="checkbox"/>			Overnight hospital stay in last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>		
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Camp Office use Only Camper's Name (Surname, First) _____ Camp: _____ Week # _____

