



# 2008 REGISTRATION FORM

## Camp Cherith - Ontario



|  |                          |   |                            |
|--|--------------------------|---|----------------------------|
| Camper's Name: (First or preferred) _____ (Last) _____   |                          | Phone #: ( ) _____                          | Sex: _____                 |
| Mailing Address: _____   |                          | City: _____                                 | Postal Code: _____         |
| Date of Birth: (month) _____ (day) _____ (year) _____  |                          | Age on Sept. 1/2008: _____                  | Grade in Sept./2008: _____ |
| Do you have a brother/sister attending this year? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          | This will be my _____ year at Camp Cherith. |                            |
| I learned about Camp Cherith® from: _____  |                          | Home Church (if applicable): _____          |                            |
| Cabin Mate Preference (must be same grade or age, one only, not guaranteed): _____                         |                          |   |                            |
| Parent/Guardian Information:   |                          | Emergency Contact Information:              |                            |
| Name: _____  |                          | Name: _____                                 |                            |
| Street: _____  |                          | Street: _____                               |                            |
| City: _____  | Prov: _____              | Postal Code: _____                          | City: _____                |
| Day Phone: ( ) _____   | Evening Phone: ( ) _____ | Day Phone: ( ) _____                        |                            |
| E-mail: _____  |                          | Evening Phone: ( ) _____                    |                            |

All camp fees include both the PST and GST.

|   |                |                   |                    |                        |
|---|----------------|-------------------|--------------------|------------------------|
| Girl's Camps  | Ages 6 ~ 16    | July 06 ~ July 12 | \$425.00 = _____   | (01)                   |
|   |                | July 13 ~ July 19 | \$425.00 = _____   | (02)                   |
| Coed Camps  | Ages 6 ~ 16    | July 20 ~ July 26 | \$425.00 = _____   | (03)                   |
|   |                | July 27 ~ Aug. 02 | \$425.00 = _____   | (04)                   |
|   |                | Aug. 03 ~ Aug. 09 | \$425.00 = _____   | (05)                   |
|   |                | Aug. 10 ~ Aug. 16 | \$425.00 = _____   | (06)                   |
|   |                | Aug. 17 ~ Aug. 23 | \$425.00 = _____   | (07)                   |
| <i>Specialty Camps;*</i>                            |                |                   |                    |                        |
| Canoe Trip (coed)                                   | Ages 12 - 16   | July 20 ~ July 26 | \$460.00 = _____   | (CT)                   |
| Equestrian Camps (coed)                             | Ages 10 - 16   | July 20 ~ July 26 | \$565.00 = _____   | (EQ)                   |
|   |                | July 27 ~ Aug. 02 | \$565.00 = _____   | (EQ)                   |
| CILT One (coed)                                     | Ages 15 and up | Aug. 03 ~ Aug. 23 | \$1,125.00 = _____ | billed upon acceptance |
| CILT Two (coed) <i>(must have completed CILT 1)</i> |                | July 06 ~ July 19 | \$750.00 = _____   | billed upon acceptance |

*Less Discounts (if applicable) = \_\_\_\_\_*

**SUB TOTAL = \_\_\_\_\_**

Stayover Campers Weekend Fee \_\_\_\_\_ Number of weekends \_\_\_ @ \$45.00 = \_\_\_\_\_

Riding Lessons \_\_\_\_\_ Ages 8+ (weeks 1-6) \_\_\_\_\_ Number of weeks \_\_\_ @ \$75.00 = \_\_\_\_\_

*Riding Lessons - pre-registration is essential as space is limited.*

**(Above fees include tax) TOTAL FEES PAYABLE = \_\_\_\_\_**

**NOTES TO PROGRAMS:\***

- Canoe Trip - space limited to 12 participants - camp will run subject to a minimum number of participants.
- Equestrian Camps - specialty programs for more eager riders - space is limited to 10 campers per session - *do not register for regular riding lessons.*
- CILT Program - space is limited - upon receipt of this registration expressing your interest an application will be sent - applications returned by February 15th including all references will be reviewed at that time - applicants will be notified by March 1st whether they have been accepted or not. - PAYMENT in full is required within 14 days of acceptance - applications received after March 1st will be considered as space is available, in order of receipt.
- Discounts: A 10% discount will be given for three or more children from the same immediate family. (Does not apply to C.I.L.T. fees). No multiple discounts.  
 Early Bird Special: Registrations postmarked by February 28 will receive a coupon for one camp t-shirt (one per child per year).  
 Deposit must be for a current dated cheque to qualify (does not apply to C.I.L.T. fees)

### PAYMENT OPTIONS:

- One cheque covering full amount, payable immediately, with this application OR
- A deposit of \$100.00 per week payable immediately. Balance of fee by post dated cheque dated no later than June 1 st.  
*Please enclose both deposit and post dated cheque with this application. OR*
- Charge the full amount payable to your Visa, Mastercard or American Express  
 Applications received after June 1st must be accompanied by a credit card payment or money order for the full amount.  
 ( A \$100.00 administration fee is non refundable after May 1)

Please charge the whole amount to my:

Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Fees enclosed:

\$ \_\_\_\_\_ OR \$ \_\_\_\_\_ deposit

plus postdated cheque enclosed

dated June 1 for \$ \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_ Division \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ch. # \_\_\_\_\_ PDCh # \_\_\_\_\_

Am. \_\_\_\_\_ Am. \_\_\_\_\_

Da. \_\_\_\_\_ Da. \_\_\_\_\_

CAMPER'S NAME \_\_\_\_\_

**MEDICAL INFORMATION (if any medical information changes prior to camp, please notify the camp office before camp)**

FOR OFFICE USE ONLY  
Checked in by: \_\_\_\_\_ Date: \_\_\_\_\_ Checked out by: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Cherith is located on a rugged and wooded site. Most of the activities take place outdoors. Does your child have any physical, developmental, or emotional condition that might limit participation in any activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, please explain.  
\_\_\_\_\_

Is the camper on a medically prescribed meal plan or dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ Does the camper have food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes to any of the above questions, you must contact the camp office at 705-734-2122)

Is the camper under the care of a physician for any on going conditions? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list all prescription and over the counter medicines that will be brought to camp by your child.  
\_\_\_\_\_

| Condition | Name of Medication | Dosage | When taken |
|-----------|--------------------|--------|------------|
|           |                    |        |            |
|           |                    |        |            |
|           |                    |        |            |

Has the camper experienced any type of abuse\trauma\stress - physical, mental or emotional? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please give a brief explanation and date (all information will be kept confidential) \_\_\_\_\_

**HEALTH HISTORY (Check the applicable box )**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Bleeding/Clotting Disorders     | <input type="checkbox"/> Heart Defects               | <input type="checkbox"/> Insect Sting Allergy | _____ Weight                             |
| <input type="checkbox"/> High Blood Pressure             | <input type="checkbox"/> Hepatitis                   | <input type="checkbox"/> Penicillin Allergy   | _____ Height                             |
| <input type="checkbox"/> Ear Infections (frequent)       | <input type="checkbox"/> AIDS                        | <input type="checkbox"/> Asthma               | _____ Are all vaccinations up to date?   |
| <input type="checkbox"/> Eye Infections (frequent)       | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Other Allergies:     | _____ Blood type (if known)              |
| <input type="checkbox"/> Females- menstruation has begun | <input type="checkbox"/> Tylenol can be administered | _____   | <input type="checkbox"/> Never immunized |

Please describe any recent surgery or illness.  
\_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ N.B. Photocopy of Health Card must accompany child to camp!

**Conditions of Enrollment**

1. You have my permission for my child/ward to attend camp and to participate in activities. I give permission for photos or videos of my child to be used for camp promotional purposes. If remaining at camp for a weekend, my child/ward is permitted to leave the site only for staffed group events.
2. While every precaution shall be taken to ensure the good welfare and protection of the camper, Camp Cherith-Ontario, it's Directors, staff members, employees or facilities outside the Camp grounds are hereby released from any and all liability in the event of any accident or misfortune that may occur to the camper.
3. ALL medication brought to camp MUST be kept by the nurse, including vitamins and Tylenol. They must be labeled with name of medication and directions for use. Prescription medication must be in original container with user's name printed on label.
4. I hereby authorize the camp personnel to handle any medical problem with my child during his/her stay at camp. In the case of emergency, after every reasonable effort is made to contact the parent/guardian, permission is hereby given to the physician selected by the camp to provide proper treatment. This may include being off the site overnight. The parent or guardian is responsible for any additional expense that may result from such service.
5. The parent or guardian hereby agrees to reimburse the Camp for any property damage caused by the camper.
6. The parent/guardian gives permission for the camp nurse/director to contact the family doctor for additional information as necessary.
7. The Camp Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety or rights of others or who appears to have rejected the reasonable expectations of the Camp
8. There will be no reduction or refund of camp fees for campers arriving late, leaving early, or who are expelled due to disciplinary action.
9. The parents/guardian submitting this application are those having legal custody over the child and are legally responsible for the payment of fees and any other expense incurred by the child.
10. I understand that my child will participate in the full camp program which may involve being off the camp property for short periods of time, unless I advise the Camp otherwise in writing at the time of application.
11. I have read the Camp Cherith brochure and application form, have provided true and accurate information, and am in full agreement with the conditions of enrollment.

I hereby certify that I have read and accept all the above conditions. Application can not be accepted without signature.

\_\_\_\_\_ ( ) \_\_\_\_\_  
Date Signature (Parent or Legal guardian) Name of Parent/Guardian(please print) Parent/Guardian Work Phone #

**REGISTRATION**

Please fill in both sides of the form completely and send with fees or deposit to:  
Camp Cherith - Ontario, Box 542, Barrie, ON L4M 4T7, (705) 734-2122, Fax: (705) 734-2262, Email:cherith.ont@sympatico.ca  
Please make cheques payable to Camp Cherith - Ontario N.S.F. cheques will be charged \$35.00  
Upon receiving your application an information package and receipt will be sent to you. If you have not received your package within 4 weeks please contact the camp registrar at (705) 733-0395.