



Camp Week/Year \_\_\_\_\_

## Power4Teens Registration Form

**To be filled out by PARENT or GUARDIAN and emailed to Power4Teens**

Please be thorough and conscientious in completing this form. The more we know about your child, the better camp experience we can provide.

### Camp Sessions:

<input type="checkbox"/> Week 1: July 2 <sup>nd</sup> – 5 <sup>th</sup> <b>(4-Day Camp) SE CAMP</b>	Week 6: August 5 <sup>th</sup> – 9 <sup>th</sup> – <b>NO CAMP</b>
<input type="checkbox"/> Week 2: July 8 <sup>th</sup> – 12 <sup>th</sup> <small>REGULAR CAMP</small>	<input type="checkbox"/> Week 7: August 12 <sup>th</sup> – 16 <sup>th</sup> <b>SE CAMP</b>
<input type="checkbox"/> Week 3: July 15 <sup>th</sup> – 19 <sup>th</sup> <b>(Overnight)</b>	<input type="checkbox"/> Week 8: August 19 <sup>th</sup> – 23 <sup>rd</sup> <small>REGULAR CAMP</small>
<input type="checkbox"/> Week 4: July 22 <sup>nd</sup> – 26 <sup>th</sup> <small>REGULAR CAMP</small>	<input type="checkbox"/> Week 9: August 26 <sup>th</sup> – 30 <sup>th</sup> <small>REGULAR CAMP</small>
<input type="checkbox"/> Week 5: July 29 <sup>th</sup> – August 2 <sup>nd</sup> <b>(Overnight)</b>	

**\*NB SE CAMP** - Self Expression Camp: smaller groups, cooking, art, role play, dance, creativity, outdoor, nature, swimming. See website for more details.

### Camper Information:

Child's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Child's Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_

Allergies (if applicable): \_\_\_\_\_

Will your child need to take any medication(s) while at camp? \_\_\_\_\_

### Emergency Contact Information:

#### Parent #1 Information:

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

Email: \_\_\_\_\_

#### Parent #2 Information:

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

Email: \_\_\_\_\_

Is the camper living at home? \_\_\_\_\_ with both parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only  
 \_\_\_\_\_ with guardian \_\_\_\_\_ Other (specify) \_\_\_\_\_

Are there custody arrangements we should be aware of? \_\_\_\_\_

Do they have any siblings, relatives or friends attending P4T Camp? \_\_\_\_\_

Please advise names and if you would like them in the same group? \_\_\_\_\_

## Day Camp Only

Permission to walk home alone  Yes  No

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### Camper Profile:

Camper's attitude toward camp: Enthusiastic\_\_\_\_\_ Indifferent\_\_\_\_\_ Nervous\_\_\_\_\_

How many years has the camper been coming to P4T? \_\_\_\_\_

Physical Fitness: Excellent\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_

Adjusts to contemporaries: Very Easily\_\_\_\_\_ Easily\_\_\_\_\_ With Difficulty\_\_\_\_\_

Adapts to new situations: Very Easily\_\_\_\_\_ Easily\_\_\_\_\_ With Difficulty\_\_\_\_\_

Expresses self verbally? Very Easily\_\_\_\_\_ Easily\_\_\_\_\_ With Difficulty\_\_\_\_\_

How does your child respond to stress? (E.g. does he/she withdraw, become aggressive, cry)

What is effective in helping him/her? \_\_\_\_\_

Any fears or dislikes? \_\_\_\_\_

Any physical challenges (e.g. Injuries, new diagnoses, disabilities)? \_\_\_\_\_

Swim Level: Non-swimmer\_\_\_\_\_ Beginner\_\_\_\_\_ Intermediate\_\_\_\_\_ Advanced\_\_\_\_\_

Is there anything else you wish to share with us about your child that will help us understand his/her?

(Please feel free to write on a separate sheet as necessary.)

**Overnight Camp Only:**

Will your child be taking any medications while at camp?

\_\_\_\_\_

What are the camper's main household chores and responsibilities at home?

\_\_\_\_\_

May the following over-the-counter medications be given to your child while we are at camp, if deemed necessary by the First-Aid Specialist?

Tylenol       Benadryl       Gravol       Advil (Ibuprofen)

Does your child have any dietary needs? (e.g. gluten free, vegetarian, vegan, lactose free)

\_\_\_\_\_

Will your child be apprehensive about being away from home? \_\_\_\_\_

Have they ever been homesick? \_\_\_\_\_

What is effective in helping him/her? \_\_\_\_\_

Any other comments: \_\_\_\_\_

**Due to limited space on the bus, please pack lightly**  
**We will send a kit list a few weeks before camp**  
**Sleeping bags, sheets or pillows not required**  
**Life jackets recommended although we have some on site**



P4T is a technology sensitive zone and day campers will be asked to keep phones in their bags at all times. **There will be no electronics on overnight camp.** Contact can be made through Charlie & Olivia at all times.

### Payment Information

Camp Week:	Rates:	Payment:
4-Day Camp Early Bird Rate - Before March 31 <sup>st</sup>	\$320+HST = \$361.60: <input type="checkbox"/>	Summer Camp: _____
4-Day Camp Regular Rate – April 1 <sup>st</sup>	\$340+HST = \$384.20: <input type="checkbox"/>	Before/after care _____
Day Camp Early Bird Rate - Before February 15 <sup>th</sup>	\$375+HST = \$423.75: <input type="checkbox"/>	<b>Total:</b> _____
Day Camp Regular Rate - February 16 <sup>th</sup> -March 31 <sup>st</sup>	\$400 +HST= \$452: <input type="checkbox"/>	
Day Camp Rate after April 1 <sup>st</sup>	\$425 +HST = \$480.25: <input type="checkbox"/>	
Overnight Early Bird before March 31 <sup>st</sup>	\$950 +HST= \$1,073.50: <input type="checkbox"/>	
Overnight Camp Regular Rate after April 1 <sup>st</sup>	\$1,100 +HST= \$1,243: <input type="checkbox"/>	
Before/after care 8:30am-5:30pm	\$69.57 = \$80: <input type="checkbox"/>	

To pay by credit card online please [click here](#)

To pay by email money transfer, please send to [Charlie@power4teens.ca](mailto:Charlie@power4teens.ca) with password: power4teens

If you need to send a cheque, please mail it to:  
Power4Teens  
95 Mayfield Ave. Toronto, ONM6S 1K7

For all registrants:

I have read and agree to the **“ACKNOWLEDGEMENT OF RISK, WAIVER AND RELEASE OF LIABILITY”** document found on our website.

For Day Camp Only:

I have read and agree to the **“DIVE DAY & PHOTO WAIVER”** document found on our website.

Child's Name: \_\_\_\_\_ your e-mail address: \_\_\_\_\_