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| **Camper Information** |
| **Camper Name: Preferred Name:** |
| **Date of birth: Gender:** |
| **Age as of July 1st 2019:** |
|  |
| **Home Address:** |
|  Street Address Apt# |
|  |
|  City Province Postal Code |
| **Family Email:** |
| **School/Program (if applicable): Grade as of Sept 2019 (if applicable):**  |

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| **Parent/Guardian Information:**  |
| In the case of separation or divorce, please indicate with whom the camper lives and who should be our primary contact. |
| **Parent/ Guardian:**  |  | **Relationship to camper:**  |  |
|  | Title Surname Given Name |  |  |
| **Home Phone #:** |  | **Cell Phone:** |  | **Alt. Phone:** |  |
| **Email :** |  |
|  |
| **Home Address****if different from campers:** |
|  | Street Address Apt # |
|  |  |  |
|  | City Province/State Postal/Zip Code Country |
| **Parent/ Guardian:** |  | **Relationship to camper:**  |  |
|  | Title Surname Given Name |  |  |
| **Home Phone #:** |  | **Cell Phone:** |  | **Alt. Phone:** |  |
| **Email :** |  |
|  |
| **Home Address****if different from****campers:** |
|  | Street Address Apt # |
|  |  |  |
|  | City Province/State Postal/Zip Code Country |
|  |  |
| **Summer Contact:** |  |
| Please provide us with a summer phone number if applicable. Please indicate which parent/guardian can be reached at this number.**If you are not the legal guardian or substitute decision maker for your camper please provide the name of this individual and their contact information:**

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| Name: |
| Contact information: |

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| **How did you hear about Camp Concord?** |  |

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| **Session Preference:** |
| Please check one:  |

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| **Month Sessions:** |
|  | Session A | June 30th – July 26th  | $5770 |
| **2 week Session:** |  |  |  |
|  | Session B  | June 30th – July 13th  | $3230 |
|  | Session C  | July 14th – July 26th  | $3230 |
| **1 week Session:** |  |  |  |
|  | Session E  | June 30th – July 6th  | $1900 |
|  | Session F  | July 7th – July 13th  | $1900 |
|  | Session G  | July 14th– July 20th  | $1900 |
|  | Session H  | July 21st – July 27th  | $1900 |
|  | Session J | July 28th – August 3rd  | $1900 |

* **Please note that if you would like a different 4, 3, or 2 week session other than those listed please contact the office\***

**Acceptance into the program is dependent on upon meeting eligibility criteria and available space.**

**Payment: \* MADE OUT TO CAMP CONCORD \***

A $500 deposit is required at the time of registration. This deposit is non-refundable. If withdrawal from the camp session occurs on or before May 1st, 2019, all amounts paid, other than the non-refundable $500.00 will be refunded.

* No refund of camp fees will be made after May 1, 2019. The balance of camp fees is due before June 1, 2018.
* Concord accepts cheques or cash. All cheques must be made out to **Camp Concord**

Payment plans are available upon request. Please contact the camp office to make arrangements.

**Terms and Conditions:**

I approve my camper’s participation in all of the camp’s activities, unless I have otherwise advised Camp Concord Inc in writing. I acknowledge that such participation involves risks and hazards incidental thereto. I agree to release and indemnify Camp Mansfield Inc./Camp Concord Inc or Rawhide Adventures and its officers, directors, employees and agents of all liability arising therefrom, except such as shall arise solely as a consequence of its or their willful negligence or willful default. I grant Camp Mansfield Inc. and Camp Concord Inc permission to use any photos taken of my child in their promotional materials.

**Dismissal: THE CAMP DIRECTOR HAS THE DISCRETION TO DISMISS A CAMPER IN THE EVENT THAT THE CAMPER BREACHES THE CAMP CODE OF CONDUCT. THIS INCLUDES SELF INJUROUS BEHAVIOURS, VIOLENCE TO OTHERS, INCREASED SUPPORT TO 1:1 MODEL, AND DISTRUCTION OF CAMP PROPERTY. THERE WILL BE NO REFUNDS OF FEES UNDER ANY CIRCUMSTANCES OF DISMISSAL**.

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| --- | --- | --- |
|  |  |  |
| Signature of Parent/Guardian |  | Date |

**MEDICAL FORM**

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| **Camper Information** |
| **Camper Name:** |
| **Date of birth:** |
| **Home Address:** |
|  Street address Apt # |
|  |
|  City Province Postal Code |

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| **Medical Information:** |
| Ontario Health Card (OHIP): |
| Other Insurance Coverage: |
| If insurance is NOT indicated, any medical expenses for services rendered by a hospital/physician will be billed to you. Name of carrier  |
|  |
| Family Physician: Phone Number: |
| **Emergency Contacts** |
|  |
| Name Phone Number Relationship |
|  |
| Name Phone Number Relationship |
|  |
|  |
| Name Phone Number Relationship |
|  |
| **In the case of an emergency please indicate a substitute decision maker for medical purposes:** |
| **Dietary Requirements** |
| Please list any dietary requirements that your child may have: |
|  |
|  |
| Please describe as necessary: |
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| **Immunizations:** |
| Please check that the campers immunization are current and provide the date for the following: |
| Pertussis | Polio | Measles | Tetanus |
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| **Medications:** |
| All medications brought to camp (with the exception of epi-pens and inhalers) will be locked up.  |
| Please list any medications that your child currently takes (including dosage and frequency).  |

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| --- | --- | --- |
| Medication | Dosage | Frequency |
|  |  |  |
|  |  |  |
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| --- | --- |
| **Medical Conditions:** | Please check off those that apply |
| Sleep Walking: | Thyroid Disease:  |
| Bedwetting: | Migraines: |
| Heart Problems: | Headaches: |
| Nosebleeds: | Allergies: |
| Urinary Tract Infections: | Mobility Issues |

If you checked off any of the above, or feel that there is any other information (regarding illnesses, operations, injuries, treatments, physical or emotional conditions, etc.) that would be useful to the camp physician/nurse, please provide details here. (Please attach additional sheets as necessary)

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To the best of my knowledge, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (camper’s name) is in good health, free of communicable disease, and physically able to participate in all camp activities, except as noted above. In case of a medical and/or surgical emergency, I hereby give permission to the physician and/or nurse selected by the Camp Director to secure proper treatment (e.g. medication, hospitalization, injections, transfusions, anesthesia, or surgery as appropriately required) for my child.

I certify that the above information is accurate, and that I concur with the statements as described.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Parent/Guardian |  | Date |

Camp Concord information sheet

1. Please name and describe your daughter/son’s area of diagnosed concerns (e.g. Learning Disability, etc), including when she or he was diagnosed. Has your child had an IPRC within the school? (\* Please include copies of any reports, assessments, etc. that you feel may help us better understand your daughter or son).
2. Has your child’s classroom placement changed in the past year (e.g., regular classroom with one-on-one educational assistant, full time special education class with or without integration, etc.)? Please provide some detail of the class such as number of children, number of teachers or teaching assistants, type of program, etc.)
3. Describe with as much detail as possible any behaviour management difficulties that you have with your child.
4. Are there any new strategies that you are using with behavioural challenges that your child may be having?
5. To the best of your knowledge, when do these behaviour problems arise (e.g. in new situations, during transitions, when the child does not get his/her own way, at bedtime or wake-up, etc., or for no apparent reason)?
6. Has your child needed to be restrained in the past year? If yes, please elaborate.
7. Please describe a recent situation that you have had with your child recently. How was it resolved? How did your child handle him/herself? This will better prepare our staff for techniques that are positive and effective with your child.
8. List any specific triggers that may lead to a negative response in your child (e.g., sudden loud noises, teasing, etc.)
9. Has there been any major changes in your child’s life over this past year (e.g., parental separation, family move, death in family, etc.) that has had an impact on your child? Please describe.
10. Are there any specific goals that you would like Camp Concord staff to work on while attending camp?

*Sometimes Camp Concord finds it helpful to have contact with any professionals or other camps that your child has attended. Should this be necessary, your signature at the end of this form gives us permission to share information with these parties. The next step in our process is to meet with you and your child to determine if Camp Concord is the right fit for your child.*

I certify that the above information is accurate, and that I concur with the statements as described.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Parent/Guardian |  | Date |

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| **Land base sports:** | Volleyball \_\_\_\_\_\_Hockey \_\_\_\_\_\_Basketball \_\_\_\_\_\_Soccer \_\_\_\_\_\_Frisbee Golf \_\_\_\_\_\_ | Badminton \_\_\_\_\_\_Archery \_\_\_\_\_\_Ultimate Frisbee \_\_\_\_\_\_Baseball \_\_\_\_\_\_ |
| **Land base Activities** | Woodcraft \_\_\_\_\_Arts and Crafts \_\_\_\_\_\_Climbing Wall \_\_\_\_\_\_Horseback riding \_\_\_\_\_\_Handicraft \_\_\_\_ | Drama \_\_\_\_\_\_Camp Newspaper \_\_\_\_\_\_\_Mountain biking \_\_\_\_\_\_Hiking \_\_\_\_\_\_Tye Dying \_\_\_\_\_Earth Education \_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Offsite Activities** |  | Tripping 1 day \_\_\_\_Tripping 3 day \_\_\_\_ |
| **Summit Program** | Food prep. \_\_\_\_Kitchen Breakout \_\_\_\_Dishes \_\_\_\_\_\_ | Vegetable garden \_\_\_\_Camp maintenance \_\_\_\_Laundry \_\_\_\_ |