

CAMP CONCORD

Camper Information

Camper Name:	Preferred Name:	
Date of birth:	Identifying Gender:	
Age as of July 1st 2020:		
Home Address:		
Street Address	Apt#	
City	Province	Postal Code
Family Email:		
School/Program (if applicable):	Grade as of Sept 2020 (if applicable):	

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:		
Name:		
Contact information:		

CAMP CONCORD

Session Preference:

Please check one:

Month Sessions:			
	Session A	June 28 th – July 24 th	\$5880
2 week Session:			
	Session B	June 28 th – July 11 th	\$3300
	Session C	July 12 th – July 25	\$3300
1 week Session:			
	Session E	June 28 th – July 4 th	\$1940
	Session F	July 5 th – July 11 th	\$1940
	Session G	July 12 th – July 18 th	\$1940
	Session H	July 19 th – July 25 th	\$1940
	Session J	July 26 th – Aug 1 st	\$1940

- 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, 2020.

If withdrawal is requested prior to the beginning of camp all amounts paid, other than the non-refundable \$500.00 will be refunded.

- No refund of camp fees will be made after June 26th 2020.
- Concord accepts cheques, cash or etransfers. All cheques must be made out to **Camp Concord**

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

CAMP CONCORD

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 and 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.

Signature of Parent/Guardian

Date

CAMP CONCORD

MEDICAL FORM

Camper Information

Camper Name:

Date of birth:

Home Address:

Street address

Apt #

Emergency phone number:

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:

Immunizations:

Please check that the campers immunization are current and provide the date for the following:

Pertussis

Polio

Measles

Tetanus

CAMP CONCORD

Medications from home:

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).

Medication	Dosage	Frequency

Medications at Camp

May the following over-the-counter medications be given to your child while at camp, if deemed necessary by the nurse?

Tylenol:	Advil:
Antacides:	Antihistamines (Benadryl)
Gravol:	Cough and Cold medication:

Medical Conditions:

Please check off those that apply

Sleep Walking:	Thyroid Disease:
Bedwetting:	Headaches/Migraines:
Heart Problems:	Motion sickness:
Nosebleeds:	Allergies:
Urinary Tract Infections:	Mobility Issues:
PICA:	Choking hazards:
Athletes foot:	Fainting:
Sinus infections:	Skin problems:
Tonsillitis:	Other:_____

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)

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

CAMP CONCORD

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. If there are any changes to my camper's health I will inform the camp.
- I understand that all information collected will be used to diagnose, treat or maintain my camper's physical or mental health and to assist in preventing disease or injury or to promote health. This information is considered to be confidential and will be shared amongst health care providers as needed; ie: Health Care Coordinator, Camp Nurse, Nurse's Assistant, Camp Physician, Walk in Clinic or Emergency Health Care Providers. This information will only be shared with the Camp Director and Camp staff on a need to know basis to ensure the physical and mental health of my camper.
- In the case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician/nurse selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my camper as named above.

Signature of Parent/Guardian

Date

CAMP CONCORD

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.

CAMP CONCORD

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?

CAMP CONCORD

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

CAMP CONCORD

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 _____
Other:	Food prep. _____ Kitchen Breakout _____ Dishes _____	Vegetable garden _____ Camp maintenance _____ Laundry _____