

2017 Summer Camp Registration Form



Cell: 905-531-5367

Steve Featherstone, Owner/Camp Director

**WWW.REPTILECAMP.CA REPTILESTORECAMP@YAHOO.CA
CAMP REGISTRATION INFORMATION**

CAMPER'S NAME (first/middle/last)		
DATE OF BIRTH (M/D/Y)		SEX (M/F)
CAMPER'S ADDRESS(street name/#)		
APT.#:	CITY:	POSTAL CODE:
PHONE #:	E-MAIL:	

PARENT/GUARDIAN INFORMATION & PICK-UP AUTHORIZATION

MOTHER/GUARDIAN'S NAME(first/last)		
ADDRESS(if different from Camper)		
APT.#:	CITY:	POSTAL CODE
HOME PHONE# ()	BUSINESS PHONE# ()	CELL PHONE# ()

FATHER/GUARDIAN'S NAME(first/last)		
ADDRESS(if different from Camper)		
APT.#:	CITY:	POSTAL CODE
HOME PHONE# ()	BUSINESS PHONE# ()	CELL PHONE# ()

Any information you think could be vaulable for our staff to ensure your child has a great week at camp!

CHECK OFF THE WEEK(S) YOU'RE REGISTERING FOR

Session #	2017 Dates		Ages	Cost	Register	Subtotal
1	July 3rd	July 7th	Ages 5-16	\$250.00	<input type="checkbox"/>	
2	July 16th	July 22nd	Ages 8-16	\$750.00	<input type="checkbox"/>	
3	July 31st	Aug. 4th	Ages 5-16	\$250.00	<input type="checkbox"/>	
4	Aug. 13th	Aug. 19th	Ages 8-16	\$750.00	<input type="checkbox"/>	
5	Aug. 28th	Sept 2nd	Ages 8-16	\$250.00	<input type="checkbox"/>	
Extra Day (Indicate Date Req)				\$75.00 per camper, per day		
Travel (Arrangments will be made closer to camp start)				\$125 (One Way) or \$200 (Return)		
					Total \$	

****Please see the Policies and Procedures page for our Refund and Cancellation Policy.****

Staff initial below to authorize that all forms have been completed properly
Staff Name _____ **Initial** _____ **Date** _____

PLEASE ENSURE THESE FORMS ARE FILLED OUT IN FULL! ITS YOUR CHILDS SAFETY AT RISK!

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If possible, please attach a recent photo of your child for identification purposes.

EMERGENCY INFORMATION

Camper's Name		Ontario Health Card#	
Doctor's Name	Doctor's Phone ()	Dentist's Name	Dentist's Phone ()
Emergency Contact(other than parent) NAME	Home Phone ()	Business Phone ()	Cell Phone ()

HEALTH HISTORY AND PERSONAL INFORMATION

The more information you can provide, the better we can meet the needs of your child. This information will be used by the camp staff.
If there is additional information of a sensitive nature, please feel free to send a separate letter marked "confidential" to the attention of the Camp Director. Whatever information you send to us will be treated with confidence and respect.

Vaccination: What is the approximate date of your child's
Last booster shot? ___/___/___

History of Communicable Diseases and Approximate Dates:
 Chicken Pox ___/___/___ Measles ___/___/___
 Mumps ___/___/___ German Measles ___/___/___
 Scarlet Fever ___/___/___ Hepatitis ___/___/___
 Mononucleosis ___/___/___ Other ___/___/___

Is the Camper under any form of treatment for an illness, condition or injury? Yes No
If yes, please explain in detail treatment and medications to be used at camp....

Carries ANA kit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No
Carries Epi-pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No
Carries Insulin <input type="checkbox"/> Yes <input type="checkbox"/> No	Food <input type="checkbox"/> Yes <input type="checkbox"/> No
Wears Medic-Alert <input type="checkbox"/> Yes <input type="checkbox"/> No	Insects <input type="checkbox"/> Yes <input type="checkbox"/> No

For:
Other Health Issues (please check all that apply):
 Diabetes Epilepsy Knee Asthma Sight
 Hypertension Kidney trouble Back Ear Infections Emotional
 Bleeding/Clotting Skin conditions Injury Hearing Behavioural

Explanation of above:
 Dietary Needs or Restrictions: Vegetarian Lactose Intolerant Other
 Please provide details: _____
 Needed Medications: _____

Please sign below giving permission for senior staff to administer your child's medication if needed.
Signature of Parent/Guardian: _____

Please sign below giving permission for senior staff to administer Benadryl for allergic reactions.
Signature of Parent/Guardian: _____

Please add any special instructions: _____

Please use the back of this page, or attach additional pages if needed!
ALL MEDICATIONS MUST BE CLEARED AND CHECKED BY THE CAMP DIRECTOR PRIOR TO THE START OF EACH CAMP DAY!

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REGISTRATION PROCEDURES

Please e-mail us at: reptilestorecamp@yahoo.ca with any questions you may have about registration or camp programs.

A minimum 50% deposit is required at time of registration. Payments can be made by: cash, cheque, Paypal or E-transfer.

The final payment is due 1 week prior to camp date and 2 weeks prior if paying by cheque. Please complete one application form per participant.

Additional application forms are available at Reptile Camp or through our web-site at, www.reptilecamp.ca.

Registration forms are accepted on a first come first serve basis. There are only 8 spots available per camp week. Incomplete registrations will not be processed until missing information is completed in full. Prior to your chosen camp date you will receive a complete parent/camper information package containing all of details on the camp program including a packing list.

REFUNDS AND CANCELLATIONS

Participants must cancel a minimum of 2 months prior to their camp date in order to receive a full refund minus a \$100.00 administration fee. No refunds will be given after this time unless for medical reasons only. Written notice of the cancellation as well as a Medical Certificate must be received to qualify for a refund. No refund of any amount will be granted for non-medical cancellations received after the 2 month cut-off.

Refunds will not be issued in instances where the camper is removed from the camp program at the choice or request of the camper or camper's parent(s)/guardian(s) or is dismissed from camp for contravention of camp guidelines or the camp code of conduct for behaviour. Reptile Camp reserves the right to cancel registrations and to not accept responsibility for the camper either at camp or on the camp bus if the camper's medical information is not completed and if the authorization is not signed by the parent/guardian and returned to Reptile Camp prior to the commencement of the camp session. Reptile Camp reserves the right to cancel programs due to inadequate registrations.

CODE OF CONDUCT

Developing an understanding of and responsibility for individual potential and abilities includes accepting responsibility for individual actions.

While under the leadership of skilled staff, the activities that your child will engage in as a participant at Reptile Camp may involve risk- risk in choices made and any physical activity undertaken by the participant. As a condition of being allowed to participate in Reptile Camp, you warrant the participant is in good physical and mental health and that the participant shall not consume any substances which would impair the participant's senses at any time during the program.

A Participant's possession or consumption of alcohol, tobacco products, illegal or harmful substances will result in immediate dismissal from the program. You agree that no refunds will be granted for participants dismissed from camp for possession or consumption of these substances. You agree that intentional participant behaviour that puts the camper or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of Reptile Camp's Director.

Expenses incurred because of program dismissal will be the responsibility of the participant/parent/guardian.

AUTHORIZATION

Reptile Camp is not responsible for any bodily injury/death, loss or damage to personal property suffered by the participant either before, during or after the program; unless such injury is the direct and sole result of proven negligence on the part of Reptile Camp. The safety of each individual is of the utmost importance to us. In order to ensure the safety and well-being of all participants, Reptile Camp reserves the right to alter the program at any time without compensation to participants, parents/guardians. In registering, I am permitting my child (PRINT NAME)

_____ to attend Reptile Camp. I, the undersigned parent or guardian, have provided a complete health history and permit my child to participate in the full range of camp activities, except as noted in the provided camper information.

In the event of accident, injury or illness, I authorize the Camp Director and his/her designates to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, injections, anaesthesia and/or surgery, as he/she may deem essential for the care and well-being of the camper. Such action is to be taken only when immediate contact with the undersigned or any authorized emergency contacts cannot be made. I understand and give consent for **pictures/video** taken at camp to be used for promotion. I have read and understand the payment, refund and cancellation procedures. I have read and understand the code of conduct as detailed on this page. I agree that the health history record is correct to the best of my knowledge and the participant has permission to engage in all activities, except as noted.

Signature of Parent/Guardian

Parent/Guardian Name (printed)

Date

PLEASE RETURN COMPLETED REGISTRATION FORMS IN PERSON TO:

Reptile Camp

Phone: 905-531-5367

www.reptilecamp.ca

reptilestorecamp@yahoo.ca

Reptile Camp Privacy Statement: We are committed to protecting personal information by following responsible information handling practices in keeping with privacy laws. We collect and use

personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about Reptile Camp programs or service in which you are

registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other Reptile Camp programs, services and opportunities that may interest and benefit you.