

PARENT CHECKLIST

Before submitting Registration, please double check that ALL forms are completed.

Adventure Camp Registration Page Completed

Liability Release Form SIGNED

Medical Information/Consent Form SIGNED

Health Card #

Over The Counter Release Form SIGNED

\$100.00 Deposit (or full payment if applicable)

CAMP REGISTRATION

We welcome your application to the Edge Adventure Camp at Camp White Pine. Please help us by filling out this application in full detail. At the time of registration, campers must be in grades 5, 6, 7 or 8.

CAMPER INFORMATION

Campers Surname _____ Present Age _____
First Name _____ Present Grade _____
Parish _____
Middle Initial _____ Male _____ Female _____ Date of Birth: Day _____ Month _____ Year _____
T-Shirt Sizing Youth : YM _____ YL _____ YXL _____ Unisex: S _____ M _____ L _____ XL _____

Cabin Roommate Preference _____
(Every attempt will be made to accommodate this request.)

Please Note : All campers will be required to complete a swim test consisting of 2 pool lengths in order to participate in any water activities i.e. canoeing, kayaking. If unsuccessful, alternate programming will be provided.

MAIN CONTACT

Home and business address of parents or guardian with whom camper lives

Circle one of: **Mr.&Mrs.** **Mrs.** **Mr.** **Other:** _____

Family Situation (circle one) : Married Separated Divorced Widowed Other _____

Legal Custody (circle one): Mother Father Joint Other _____

If other, please explain _____

Does the non-custodial parent have visiting rights? Yes _____ No _____

If yes, enclose photocopy of section referring to visitation rights.

First & Last Name(s): _____

Home Address _____

City _____ Postal Code: _____ Country _____

Father's Cellular Phone _____ Home Telephone # _____

Mother's Cellular Phone _____ Father's Work # _____

Mother's Work Phone _____ Other Phone Specify _____

Parent's Email addresses(s) _____

Campers email address _____

IN CASE OF EMERGENCY, PLEASE CONTACT

Relationship to Camper _____

Name: _____

Address _____

Postal code _____ Home Telephone number _____

METHOD OF PAYMENT

Deposit _____ Payment Method _____ Date _____

Parent Signature _____ Received By _____

Comments/Notes _____

CONDITIONS OF REGISTRATION/ LIABILITY RELEASE FORM

FEES: The camping fee is all-inclusive from August 23rd to 28th, 2012 including transportation to and from camp.

1. \$100.00 deposit (or full payment if applicable) is payable by April 1st. Balance due, if any, is required by July 1st 2012.
2. For parishes in the archdiocese of Toronto, the cost per camper is \$400.00 and includes transportation. The cost per camper for parishes outside the archdiocese of Toronto is \$360.00 and does NOT include transportation. These parishes may arrange to travel to a parish within the archdiocese, at their own expense, and take the bus from there at a cost per camper of \$400.00.
3. After May 31st no refunds will be allowed unless a suitable replacement camper is found. Refunds may be available for valid medical reasons.
4. The directors reserve the right to dismiss a Camper when this is deemed to be at the interest of both the child and Camp. Parents would be required to transport his/her child home.
5. There are no reimbursements for a child arriving late or leaving before the end of camp.
6. I/we agree to allow my child to participate in all camp activities on camp property.
7. I/we hereby authorize and give full permission to Edge Adventure Camp to take video footage and/or photographs of the camper and consent to the use of such material or its reproduction in any legal manner and by any medium which Edge Adventure Camp deems appropriate, including but not limited to marketing and promotional purposes, and hereby acknowledge that such materials become the sole property of Edge Adventure Camp.
8. Edge Adventure Camp and Camp White Pine are not responsible for any damages or loss of personal possessions, clothing, electronics, or money while at camp or while participating in any camp activity, and reserve the right to search bags or rooms for other items which could impact on the camp experience of others or impact any of the facilities or grounds in a negative way, including theft or loss of items.
9. Every precaution is taken for the safety and good health of campers but, in the event of accident or sickness, the Camp and its affiliates cannot assume liability.
10. I/we hereby confirm that our child is in good health and that we are unaware of any emotional or physical conditions other than as disclosed by us in this application. We hereby grant permission for the necessary disclosure of any and all medical information concerning our child to any and all persons who Edge camp directors and affiliates deems require such information for the proper treatment of our child and we authorize all transportation, hospitalization and medical treatment deemed necessary for our child.
11. I/we hereby release Edge Adventure Camp, The Archdiocese of Toronto, the camper's respective parish/diocese where applicable, all parishes clergy and employees affiliated or connected in any way to the Edge Adventure Camp, Edge Leaders, directors, Camp White Pine and all of its servants, agents and employees from all liabilities arising from our child's attendance at Edge Adventure Camp at CWP Including, but not limited to, their participation in any and all camp activities unless we advise you in writing that certain activities are to be excluded. We acknowledge that any activity involves risks and hazards and we assume such risk on behalf of our child. We acknowledge that the Superior Court of Ontario shall have exclusive jurisdiction over all causes of action we may have arising out of our child's attendance at Camp. We acknowledge that Edge Adventure Camp will be indemnified by us for all legal expenses and other costs should it be required to challenge a claim brought by us in any other jurisdiction. We are agreeing to the above terms on our behalf and on behalf of our child.
12. I/we understand that EDGE Adventure Camp is a collaborative venture between many parishes of The Archdiocese of Toronto, the camper's respective parish/diocese where applicable, and these conditions apply to their staff and volunteers.

I/we have read and agree to the above conditions of registration and have enclosed a deposit of \$100.00 (or full payment if applicable) to be applied to the above camper's account. The balance will be paid on or before July 1st, 2012.

Mother's Signature (Legal guardian)

Father's Signature (Legal guardian)

MEDICAL INFORMATION/CONSENT FORM

Name of Child _____ Age _____ Sex _____

Family Doctor _____ Telephone _____

Camper Health Card # _____ Previous Camp Experience Yes _____ No _____

General Behavior: (Comments on personality and emotional adjustments) Ability to make friends, etc.

Has camper ever had psychiatric treatment or have you ever consulted a psychologist?
(This question is not asked to exclude the child, but rather to be sensitive to his/her needs.)

The following information will be helpful to the nurse. All information will be held in the strictest confidence.

1) Has your child had any special conditions which must be taken into consideration in his/her participation in the full program at White Pines in Haliburton?

Allergy _____	Diabetes _____
Asthma _____	Epilepsy _____
Feet or Legs _____	Heart _____
Rashes _____	Rheumatic Fever _____
Recent illness or operation _____	
Any other disability _____	

List all medications and history of illness

Any other health concerns or comments

2) Has he/she any drug allergy or sensitivity? If so, give details _____

3) Has he/she any serum sensitivity? If so, give details _____

4) Give date of last tetanus shot and reason for it _____

5) If your child has any special night-time habits, any special fears or nervous peculiarities, (e.g. bedwetting, nightmares) knowledge of which will allow the EDGE team to make his/her visit more relaxed, please state

MEDICAL INFORMATION/CONSENT FORM

Please provide all medications in original packaging or prescription containers with doctors' instructions. All medication should be submitted to the resident nurse at Camp, as no drugs are allowed in the cabins, including over the counter drugs i.e. Tylenol, with the exception of epipens and inhalers.

Should it become necessary for your child to have medical care, the undersigned hereby gives the Nurse permission to use his/her best judgment in obtaining these services. It is understood that any cost will be the parents' responsibility. It is also understood that in the event of illness or accident, the parents will be notified immediately.

Signature of Parent/Guardian

Date

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1989: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1989, c.129 and Health Cards and Numbers Control Act, 1991. This information will be used for the purposes of: planning and administering out-of-parish programs providing health and safety services in the event of an emergency including provincially funded health resources. Questions regarding this collection of personal information should be directed to the Youth Minister at your Parish.

OVER THE COUNTER MEDICATION ADMINISTRATION RELEASE

I _____, give my son\daughter _____

Permission to have the following if required. (please check)

Tylenol _____ Advil _____

Gravol _____ Benadryl _____

I also understand the administration of the following medication will be at the discretion of the staff Nurse.

Parent Signature

Please Note: If no medication is checked off, the nurse will be unable to administer if required.

If there are any medical situations that you wish or need to discuss prior to the beginning of camp, please contact your Youth Minister.