

# Eagle Wing Adventure Camp

## CAMPER REGISTRATION FORM 2017

| Family Information                |  |                             |              |
|-----------------------------------|--|-----------------------------|--------------|
| Adult/Parent/Guardian First Name: |  | Last Name:                  |              |
| Address:                          |  | City:                       | Postal Code: |
| Home Phone:                       |  | Mother/Guardian Day Number: |              |
| Father/Guardian Day Number:       |  | Email:                      |              |

| Camper Information  |                     |      |  |
|---|---------------------|------|--|
| Name:   |                     | Age: | Birth Date:  |
| Gender: (circle)<br>M      F  | Health Card Number: |      | Swimming Ability (*6 year olds splash pad/kiddie pool only): |
| Does your child have any Allergies, Medical Concerns, or Behaviour Problems?   Y    N<br>* <b>If YES, please fill out Individual Needs Form</b> |                     |      |  |
| Friend in same group request (if applicable)    Full Name:<br><i>We do our best to honour these requests</i>                                    |                     |      |  |

| Week Selection  |                                 |                                 |                                 |                                    |
|---|---------------------------------|---------------------------------|---------------------------------|------------------------------------|
|   | Week 1<br>July 10 – 14<br>\$140 | Week 2<br>July 17 – 21<br>\$125 | Week 3<br>July 24 – 28<br>\$125 | Week 4<br>July 31 – Aug 4<br>\$140 |
| √ week(s)   |                                 |                                 |                                 |                                    |
| <b>Extended Care</b> (\$15 per child/per week for morning OR afternoon. \$30 per week/per child for both) |                                 |                                 |                                 |                                    |
| Please circle all that apply. <b>Before</b> (8:00 - 9:00 am) <b>After</b> (4:00 - 5:00 pm) <b>Both</b>    |                                 |                                 |                                 |                                    |

| CAMP REFUND POLICY   |
|--|
| Refunds will be issued up to <b>10 BUSINESS DAYS</b> prior to the week your child is registered. No refund will be granted without a receipt and a \$15.00 administration will be charged per child. |
| Parent/Guardian Initial(s): _____  |

| POST DATED CHEQUES:   |
|---|
| Post dated cheques <b>MUST</b> be written <b>NO LATER THAN SEVEN DAYS</b> prior to first day of program or week child is registered in. |

| OFFICE USE ONLY   |        |               |                             |               |
|-------------------|--------|---------------|-----------------------------|---------------|
| Payment Method(s) | Amount | Cheque Number | Payment with another Child? | Name of Child |
| Cash              |        |               |                             |               |
| Cheque            |        |               |                             |               |
| Total             |        |               |                             |               |
| Date and Initial  |        |               |                             |               |

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## Camper Conduct

**Issues with camper conduct will be dealt with on an individual basis. Coarse language, bullying, theft, physical and aggressive behaviour, inappropriate or uncooperative behaviour are unacceptable and will not be tolerated. Such behaviour will be recorded, reported, and may result in removal from the program.**

All rules will be explained to campers on the first day of camp. All Campers displaying unacceptable behaviour will be spoken to immediately, informed of appropriate behaviour, and reminded of the rules. Camp staff will make every effort to ensure that parents/guardians are informed of issues with camper conduct. In some cases the participant may be asked to leave for the remainder of the day, or in extreme cases may be asked not to return for the remainder of the week.

Campers are asked not to bring unnecessary items to camp such as money, tablets, ipods/ipads, DS, cell phones or other electronic devices. All unnecessary items will be confiscated and returned to the parents/guardians at the end of the day.

## Waiver

The applicant agrees that Eagle Wing Adventure Camp will not be held responsible for any accident or loss however caused, and agrees to release Eagle Wing Adventure Camp from all claims or damages which may arise as a result of such accident or loss. If your child has individual needs (i.e. physical/mental disability, attention difficulties, allergies etc.) please record this in detail on the registration form. This information is used to help in the provision of inclusive programs and will be kept confidential. The applicant agrees to abide by all stated and written rules and regulations of the Eagle Wing Adventure Camp program and the Leaders of the program.

- I certify that my child is/are of the **appropriate age** for the programs registered and is/are **physically capable** of participating.
- In the event of inability to contact me, I hereby give the Eagle Wing Adventure Camp staff permission to seek necessary **medical assistance** for my child as may be required while attending camp.
- I give permission for my child to participate in all program **activities** and **day excursions** including **transportation by bus** to and from excursion and **Memorial Pool**.
- I give Eagle Wing Adventure Camp permission to use or publish **photographs** taken in which my child or I may be included, to publish in whole or in part, for the purpose of publicity and promotion, without royalty rights.
- I give Eagle Wing Adventure Camp staff permission to apply or assist with the application of **sunscreen and bug repellent** (must be sent with the camper) to my child.
- If necessary, I give Eagle Wing Adventure Camp staff permission to **administer medication** to my child(ren). Medications must be in the original container, labeled with the camper name, name of medication, dosage, and time(s) to administer as well as any other instructions
- † I have read the information regarding **camper conduct** and understand that my child may be asked to leave the program if their conduct is not acceptable.

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Signature of Parent/Guardian

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Date