



# PA Day & March Break Camp 2018/19 Application Form For Boys and Girls SK - Grade 8

Camper (1) \_\_\_\_\_ male  female  grade \_\_\_\_ age \_\_\_\_ birthday \_\_\_\_\_  
(First) (Last) (as of 2018/19 school year) (day/month/year)

Camper (2) \_\_\_\_\_ male  female  grade \_\_\_\_ age \_\_\_\_ birthday \_\_\_\_\_  
(First) (Last) (as of 2018/19 school year) (day/month/year)

Camper (3) \_\_\_\_\_ male  female  grade \_\_\_\_ age \_\_\_\_ birthday \_\_\_\_\_  
(First) (Last) (as of 2018/19 school year) (day/month/year)

For new campers or if 2018 information has changed you **must** submit a current "PA Day/March Break Camper Information/Medical Form" available at [www.circranch.ca/program/camp\\_fees.html](http://www.circranch.ca/program/camp_fees.html) or contact the camp office at 519 471-3799

Camper was with us for the 2018 summer camp season and **all medical, personal and emergency information is unchanged.**

Parent(s) Name(s): \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Work: \_\_\_\_\_

### Camp Information

Please select which camp(s) your camper will be attending:

#### 2018/19 PA Day Camps

*PA Day camps feature (weather permitting) time with the horses and/or horseback riding, and some of the following programs: hay rides, farm animal visits, archery for certain age groups, camp fire, all camp games, crafts, make new friends and much more!*

- Fri. January 18, 2019
- Fri. April 5, 2019
- Fri. June 7, 2019

#### 2019 March Break Day Camp March 11 to 15, 2019

### Transportation Information

**\*\*Please note: Bus stop times and availability are based on camper enrollment. You will receive an email a few days prior to camp confirming exact a.m. and p.m. times. Some locations may be subject to change.**

#### PA Days & March Break Bus Stops:

- Masonville Public School 25 Hillview Rd. (loading zone behind school)
- Ryerson Public School 940 Waterloo St.
- Wortley Public School 301 Wortley Rd. (on Briscoe St.)
- Southwest Optimist Park 682 Southdale Rd. West, near Bostwick Rd.
- Oakridge Centre Hyde Park Rd. (beside CIBC off Royal York Rd.)
- Byron Northview P.S. 1370 Commissioners Rd West. (on Stephen St.)

**Circle R Ranch-Drop Off (9:00 a.m.)** 3017 Carriage Rd. - lower entrance  
**& Pick Up (4:15 p.m.)**

Who will be dropping off/picking up your camper? \_\_\_\_\_

### Fees and Payment Information

Total fee for day camper(s): \$ \_\_\_\_\_ Per Camper: \$76/PA Day; \$388 March Break Camp

Today's payment: \$ \_\_\_\_\_ by  Cheque  Visa  MasterCard

**Credit Card Information:** Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_ CVD # \_\_\_\_\_

My signature below indicates information on this application form is complete and accurate. I understand my camper will not be fully registered until all portions of this application and the PA Day/March Break Camper Information/Medical Form have been completed online or submitted to the camp office.

**Refund policies:** For March Break Camp: before **Feb 1st**, a \$50.00 administration fee is levied on all cancellations. After **Feb 1st** deposits are non-refundable. For PA Day Camps: all cancellations must be at least one week prior to the camp date. After that date fees are non-refundable.

The **March Break Day Camp Fee balance is due March 1st** and is non-refundable after this date.

I understand Circle R Ranch may use pictures taken at camp in promotional materials. Please contact the camp office with any questions.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# PA Day/March Break Camp

## Camper Information and Medical Form 2018/19

\_\_\_\_\_  Male  New Camper  
 CAMPER (Last name) (given name commonly used)  Female  Returning Camper

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Birthdate: (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Grade in 2018/2019 School Year \_\_\_\_\_ School \_\_\_\_\_

### PARENTS/GUARDIANS & EMERGENCY CONTACTS: (print clearly)

Marital Status of camper's parents/guardians:  Single  Married  Separated  Divorced  Common Law  Other \_\_\_\_\_

**Legal Custody:** Please indicate who has custody and is legally responsible for this camper (be sure to include their contact information below):

Both Parents (live together)  Joint Custody (live apart)  Mother  Father  Other \_\_\_\_\_

Camper lives with:  Both Parents  Father Only  Mother Only  Other (Specify): \_\_\_\_\_

Are there any custody concerns we should be aware of? \_\_\_\_\_

### PLEASE LIST IN ORDER WHO SHOULD BE CONTACTED IN CASE OF ILLNESS OR MEDICAL EMERGENCY:

**First contact:**  Mr.  Mrs.  Ms.  Miss  Dr. First and Last Name: \_\_\_\_\_

Home Tel. # \_\_\_\_\_ Work Tel. # \_\_\_\_\_ Cell \_\_\_\_\_ Summer # \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**Second contact:**  Mr.  Mrs.  Ms.  Miss  Dr. First and Last Name: \_\_\_\_\_

Home Tel. # \_\_\_\_\_ Work Tel. # \_\_\_\_\_ Cell \_\_\_\_\_ Summer # \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**Third contact:**  Mr.  Mrs.  Ms.  Miss  Dr. First and Last Name: \_\_\_\_\_

Home Tel. # \_\_\_\_\_ Work Tel. # \_\_\_\_\_ Cell \_\_\_\_\_ Summer # \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

### RIDING EXPERIENCE

Has your camper ever been trail riding or taken lessons? Please describe: \_\_\_\_\_

Does your camper have any hopes, fears or concerns about riding? \_\_\_\_\_

What horse(s) did your camper ride last year? \_\_\_\_\_

Would your camper like to request a horse? \_\_\_\_\_

*We try our best to accommodate, but cannot guarantee your request.*

### HEALTH CARE INFORMATION

Camper's Health Card Number \_\_\_\_\_ Version Code \_\_\_\_\_ Camper's Height \_\_\_\_\_ Camper's Weight \_\_\_\_\_

Please note: Campers found to have **head lice** on arrival will be sent home until matter has been resolved. There will be no refund of camp fees. **Please do a head lice check on your child regularly and within 3 days before arriving at camp.**

### IMMUNIZATION HISTORY:

Are your camper's immunizations up to date including tetanus?  Yes  No

Are there immunizations you have chosen not to give your camper?  Yes  No – specify \_\_\_\_\_

**DIETARY NEEDS OR RESTRICTIONS:**  Vegetarian  Lactose Intolerant  Other: \_\_\_\_\_  
*\*Please note, Circle R Ranch meals and snacks are peanut and tree nut-free.\** All dietary concerns must be listed here prior to the start of the session. Information regarding the special dietary needs will be shared with the kitchen staff.

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**ALLERGIES:** Please be specific, attach separate page if necessary.

Does your camper have any allergies/do they suffer from asthma?  Yes  No Specify: \_\_\_\_\_

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Does your camper require an Epi-Pen  Yes  No for the following allergy. \_\_\_\_\_  
If camper requires an Epi-Pen, he/she must bring at least one to camp. (two Epi-Pens are recommended)

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**MEDICATIONS:** Will any medications be sent to camp?  No  Yes - please list medications and instructions:

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**OTHER:** Does your child have any other physical, health, developmental, behavioral, or emotional condition that may affect his/her ability to participate in camp activities or about which we should be aware to ensure a successful time at camp?  No  Yes

If yes, give details: \_\_\_\_\_

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**GROUP MATES:** Camp is an ideal place to make new friends, however, if your child has a request for group mates, please list:

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*(Please list a maximum of two persons who are your camper's **AGE and GRADE** in school. Please list your names in order of preferences. Each request **must be reciprocated** in order to be considered. For a variety of reasons, group mate requests are **NOT** guaranteed.)*

**CAMPER INFORMATION:**

**1) What is your child most excited for at camp? What does he/she want to gain from his/her camp experience?**

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**2) Notes / Other Comments: (please feel free to attach a separate page, or contact us with any further information)**

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**AUTHORIZATION**

*I approve my child's participation in all camp programs and activities unless I the parent/guardian, advise Circle R Ranch in advance, in writing.*

*If for any reason my child requires medical attention or special medication beyond that furnished by Circle R Ranch, I authorize the camp to authorize on my behalf to take whatever steps deemed necessary to ensure the safety and health of my child. Such action is to be taken only when immediate contact with the undersigned or emergency contacts cannot be made.*

*I grant Circle R permission to use any photographs or videos taken of my child in promotional materials.*

*I understand that camp is an "unplugged" environment, and my camper will not bring any electronic devices such as , cell phones, gaming devices or any other personal electronic devices to camp.*

MY SIGNATURE BELOW INDICATES ALL INFORMATION ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date