

Summer 2020 Overnight Camp Registration

Additional registration forms and/or online registration available at www.circlerranch.ca

Camper Information:



_____ Male New Camper
 _____ Female Returning Camper

(Camper's last name) (Given name commonly used)

DATE OF BIRTH GRADE in 2019/2020 SCHOOL YEAR SCHOOL

ADDRESS CITY PROV. POSTAL CODE
 Camper lives with: Both Parents Father Mother Other _____

PARENT #1 Mr. Mrs. Ms. Dr.

 NAME

 RELATIONSHIP TO CAMPER HOME TEL. #

 CELL # WORK TEL. #

 EMAIL

PARENT #2 Mr. Mrs. Ms. Dr.

 NAME

 RELATIONSHIP TO CAMPER HOME TEL. #

 CELL # WORK TEL. #

 EMAIL

2020 Session dates and fees: Please refer to the table below and indicate your choice(s) for the above camper: _____
 To be environmentally friendly, we send confirmation of registration and final instructions by email to the parents listed above.

Section		Fee	July			August	
Explorers SK to 3	1 Night	\$152	E1 July 5 - 6	E2 July 12 - 13			E5 Aug 2 - 3
Trailblazers Completed Grade 2 or 3	5 Days	\$650	T1 July 7 - 11	T2 July 14 - 18			T5 Aug 4 - 8
Juniors Completed Grade 3 or 4	7 Days	\$925	J1 July 5 - 11	J2 July 12 - 18	J3 July 19 - 25	J4 July 26 - Aug 1	J5 Aug 2 - 8
Intermediates Completed Grade 5 or 6	14 Days	\$1590	I3 July 19 - Aug 1				
	7 Days	\$940	I1 July 5 - 11	I2 July 12 - 18			I5 Aug 2 - 8
Seniors Completed Grade 7 or 8	14 Days	\$1665	S3 July 19 - Aug 1				
	7 Days	\$990	S1 July 5 - 11	S2 July 12 - 18			S5 Aug 2 - 8
LAP	28 Days	\$2855	Leadership Adventure Program - Completed Grade 9 July 5 - Aug 1				
LIT	28 Days	\$1995	Leaders In Training - Completed Grade 10 July 5 - Aug 1				
LEP	13 Days	\$1795	Leadership Essentials Program - Completed Grade 9 or 10				LEP Aug 2 - 14

- How did you hear about Circle R? Web Search Friend School Trip Birthday Party Magazine Newspaper Open House, Camp Fair Please specify name of publication, web site or magazine _____
- Are you a 'New Camper Family' referred by one of our current Circle R families? Please tell us who referred you _____
- Group Mates: Camp is an ideal place to make new friends, however, if your child has a request for group mates, please list below: _____

(List a maximum of two who are your camper's age and grade. We can only consider up to two names in order of preference. Requests must come in writing from both parties to be considered. We try our best, but cannot guarantee that group mate requests will be fulfilled.)

Priority Registration! Until Jan. 15 discount of \$30 for 5 or 7 day sessions, \$50 for 14 to 28 day sessions!!!

- Deposits** *Early Bird Special:* Until Jan. 15th, deposits are \$100 per session. Jan 16– Feb 28 deposits are \$200 per session for 5 or 7 day sessions and \$400 per session 14-28 day sessions. Mar 1st - Apr 30th: deposits are 50% of total fee. After May 1st: fees are due in full.
- Discounts** Sibling: discount of \$25 per overnight session on 2nd, 3rd etc children attending camp *OR*, Multiple Session: a discount of \$25 per additional overnight session for a camper registered in two or more overnight sessions.
- Referral Rebate** If your name appears on the **'New Camper Family'** line below, you receive a \$50 rebate for a new overnight camper who attends a 5-28 day session or a \$25 rebate for a new day camper. Rebates are given at the end of the summer. Both your camper and the new camper(s) must attend summer camp to receive rebate(s).
- Cash / Cheque Discount** a 2% discount applies if all camp fees (including deposit) are paid by cheque, money order, or cash.

Please note: Overnight camp fees are subject to HST

Please select your payment options

- Option 1: Pay deposit of \$ _____ today
(see above for deposit rates)
& 50% of balance on March 1st, remainder on May 1st
- Option 2: Pay full amount today
After May 1st, camp fees are due in full at time of application.

Total Camp Fees see prev. page	_____
Minus Priority Registration Discount	_____
Subtotal	_____
Minus Sibling OR Multi-Session Discount	_____
Subtotal	_____
Minus 2% Cash/Cheque Discount	_____
Subtotal	_____
Plus 13% HST on subtotal	_____
Total	_____

Select deposit method:

- Cheque or Money Order
 Cash (in person)
 Credit Card

Select balance details: (50% of balance due March 1st, remainder May 1st)

- I have included post-dated cheques/money orders for March 1st and May 1st installments
 Use my credit card (details below) on March 1st and May 1st

CREDIT CARD NUMBER

EXPIRY

3-DIGIT CSC

NAME ON CARD

We will contact you with further instructions upon receiving this form and deposit. A 2019 medical form must be completed for each camper.

Authorization

- I understand that enrolment is subject to availability, the following terms and conditions, and completion of all required forms.
- Deposits include a non-refundable \$125 administration fee. For cancellations before April 1st, all amounts paid will be refunded with exception of the \$125 non-refundable administration fee. As of April 1st deposits are non-refundable. Balance of all fees are due in full by May 1st. No refund of camp fees will be issued after this date.
- There will be no reduction or refund of camp fees for campers arriving late or leaving early in any session for which they are registered, for **any campers removed from camp at the choice or request of the camper or camper's parent/guardian, or for any campers dismissed** from the camp for the contravention of camp guidelines or the camp code of conduct for behaviour, viewable at www.circlerranch.ca.
- I understand that camp is an "unplugged" environment, and my camper will not bring any electronic devices such as iPods, cell phones, gaming devices or other personal electronic devices to camp.
- If the camper has a potentially life-threatening allergy or food sensitivity, or other special need (s), the parent or guardian must contact the camp office prior to completing this form. Circle R Ranch is NOT a peanut-free environment.
- Arrival time is 3:00-3:30 p.m. the first day of your scheduled camp session. Pick up time: depending on your camp session is either, 10:30 a.m. Saturday or Monday 6:30p.m.

SIGNATURE

DATE

Please return this form to the camp registrar by any of the following methods:

Mail: Circle R Ranch, 3017 Carriage Rd, Delaware, ON N0L 1E0

In person: Please call ahead Email: registrar@circlerranch.ca

Thank you for your application!

Office: 519 471-3799



Overnight Camp 2020

Camper Information and Medical Form

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

Birth date: (mm/dd/yy) _____ Age _____ Grade 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: (print clearly)

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 _____

HEALTH CARE INFORMATION

Camper's Health Card Number _____ Version Code: _____ Campers Height _____ Campers Weight _____
 Family Doctor: _____ Family Doctor Tel. # _____

Is this your child's first time away from home overnight without parents? Yes No

No. of years at Circle R: Overnight Camp _____ Day Camp _____ March Break Day Camp _____
 PD Day Camp _____

No. of years at other camps: _____ Name of camp(s) _____

Does your camper have any siblings? Please list names and ages: _____

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.

If camper has had any of the following, or any significant medical conditions, physical limitations, or other concerns which might affect your camper's stay at Camp: please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Measles, Red | <input type="checkbox"/> Measles, German | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Frequent Throat Infections |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Seizures | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps | <input type="checkbox"/> Severe Stomach Aches |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hernia | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Whooping Cough (recent) | <input type="checkbox"/> Fainting | <input type="checkbox"/> ADD / ADHD |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Sprains or Strains | <input type="checkbox"/> Other (please elaborate) |

If your child has or had any of the above, does it affect their ability to participate in activities? If so, how?

Does your child have a history of bed wetting? Yes No
If so, please provide helpful hints or routines:

IMMUNIZATION HISTORY:

Is your camper's Tetanus Shot up to date? Yes No
If no, please specify: _____

Date of last Tetanus shot (DPTP Shot on Immunization Card): (dd/mm/yy) _____
Please note Tetanus shot must be administered every 10 years.

Is your camper's immunizations up to date? Yes No
Are there immunizations you have chosen not to give your camper? Yes No
If yes, please specify: _____

DIETARY NEEDS OR RESTRICTIONS: Vegetarian Lactose Intolerant Other:

****Please note, Circle R Ranch meals and snacks are peanut and tree nut-free.****

Please elaborate if your camper has a dietary need or restriction as indicated above. Note: all dietary concerns must be listed here prior to the start of the session. All information regarding the special dietary needs will be shared with the kitchen-staff. _____

MEDICATIONS:

Is the camper currently on any medication (prescriptions or homeopathic)? If so, what? _____
How and when is this medication administered? _____

Will other medicine be sent to camp (prescription or over-the-counter)? No Yes
Please list medicine and instructions: _____

IMPORTANT REMINDERS (please read carefully) Medications must be left with the health care staff while at camp. All prescription medications must be in their original container and must be labeled with the doctor's name, child's name, dosage, schedule, route and date. All over the counter medications must be in the original container with proper labeling.

OVER-THE-COUNTER MEDICINE:

At Circle R, we use the medications listed below if deemed necessary. Please comment on and/or clarify anything you **do NOT** want administered:

- Tylenol (Acetaminophen), Advil (Ibuprofen), Benadryl (bug bites), Cough medicine, Cold medications
 Antihistamines

If NO, what would be an appropriate alternative?

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

- Penicillin Bee/ Wasp Stings Foods (specify in chart below)
 Animals (specify): _____ Drugs (specify): _____
 Other: _____

Carries Epi-Pen Yes No for the following allergy. _____

If camper uses an Epi-Pen, he/she must bring at least one to camp. (two Epi-Pens are recommended)

Wears Medic-Alert Bracelet: Yes No

Please provide details, be specific, attach separate page if necessary.

Indicate type: drug, food, environmental, insect, other	Allergen (please be specific)	Type & severity of reaction (indicate if life-threatening)	Management/Treatment/Medication	Date of last reaction

ASTHMA: Does your child suffer from asthma? No Yes

If yes, indicate severity? Mild Moderate Severe

What are the triggers for these attacks?

I give permission for my child to keep in his/her tent and/or on his/her person an inhaler which the camper will administer as prescribed. No Yes

ACTIVITIES: 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: _____

RECENT: hospitalization, operation, injury, serious illness, or infectious disease: If so, give date and details

FEMALE CAMPERS: Has your camper menstruated? yes no
 If not, has she been told about menstruation? yes no

OTHER: Please detail any other medical information of use to the Camp.

RIDING EXPERIENCE:

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

Does your camper have any fears or concerns about riding? _____

What horse(s) did your camper ride last year? _____ Would your camper like to request a horse? _____

SWIMMING ABILITY

Non-swimmer Beginner Intermediate Swims like a fish

Has your camper taken swimming lessons? Yes No Does he/she have any fears around water? _____

GROUP MATES

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

*(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. We look to **TWO NAMES ONLY** and each request **must be reciprocated** in order to be considered. Group mate requests are **NOT** guaranteed. Requests must come in writing from **BOTH** families.)*

CAMPER INFORMATION:

The follow questions are optional. Please share any information that may help staff and counselors to provide a positive and meaningful camp experience for your child.

1) Hesitations / Fears:

a) Is your camper hesitant about any aspect of camp?

b) Does your camper have any serious fears?

2) Personal Habits / Characteristics:

a) Is there anything that staff should be aware of regarding your camper's personal habits?

b) What characteristics best describe your camper?

3) Interests / Goals:

a) What special talents/interests does your camper have?

b) What is the most important thing you hope this camp experience will do for this camper?

4) What activities does your child enjoy the most?

5) Notes / Other Comments:

CONDITIONS OF REGISTRATION: *(please read carefully!)*

CAMPER AGREEMENT: Please review our camper code of conduct carefully with your child, as available at our website or by request. We reserve the right to dismiss a camper who does not comply with our Code of Conduct.

My child has read and agrees to abide by the Code of Conduct, and enter into activities with a positive spirit.

Terms and Conditions

- **All medical conditions requiring ongoing medical supervision or care have been fully noted.**
- **To the best of my knowledge, the information on this medical record is complete, current and accurate.**
- **I will submit any changes to this health form in writing to the camp prior to arrival.**
- **I will notify the camp in writing if any changes occur in my child's health status, medications, or family status between now and the start of the Camp session, or he/she is exposed to any communicable disease within 3 weeks prior to arrival at camp.**
- **I give permission for this health information to be shared with the appropriate Camp staff and outside Medical Personnel as necessary.**
- **I understand that I cannot bring my child to camp if he/she is showing or has been in contact with someone showing any of the following symptoms: cough, runny nose, fever, vomiting or diarrhea. I understand that if she exhibits these signs upon arrival or during stay at camp, he/she will be sent home until she has been symptom-free for 48 hours. I understand that there is no reduction or refund of camp fees for campers having to return home due to illness.**
- **If for any reason your child requires medical attention or special medication beyond that furnished by Circe R Ranch, I authorize the Camp Director or his/her appointee 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 cannot be made.**
- **I agree to reimburse the camp for any prescriptions or medical expenses incurred for this camper.**
- **I will do a head lice check on my child regularly and within 3 days before arriving at camp. 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.**
- **I understand camp is a unplugged environment, I will ensure my camper will not bring cell phone, iPod, MP3 player, gaming devices or any other personal electronic devices to camp.**
- **I grant Circle R Ranch permission to use any photographs or videos taken of my child in their promotional material.**
- **To the best of my knowledge, my child is in good health, does not have a communicable disease, and is physically able to participate in all Camp activities except as indicated above. 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.**

My signature below indicates all information on this application form is complete and accurate, I understand that my camper will not be registered until all portions of this application form have been completed.

Signature of Parent or Guardian

Date

Please ensure it this form is filled out completely & accurately. Campers cannot attend camp without completing and submitting this form prior to camp. Please fill out a separate 2019 Camper Information and Medical Form for each child attending camp.