

CAMP SCUGOG APPLICATION FORM

Return to: Camp Scugog, 50 Edward St., Brantford, ON N3S 1V3 • 905-837-0648

CAMPER INFORMATION ONE FORM PER CAMPER: (photocopies accepted)

Name: _____ How do you identify?
 Male Female Mom _____

Address: _____
No. Street Apt. City Postal Code

Hm.Tel. (____) _____ Date of Birth (d/m/y) _____ Age July 1st _____

Name of parent(s) or guardian(s) with legal custody: _____

Hm.Tel. (____) _____ Cell.Tel. (____) _____ Bus. Tel.(____) _____

Email: _____

Has child attended Camp Scugog before? No Yes #of years _____ when? _____

Are you a member of a church? Church Name _____

Preferred session: #1 #2 #3 #4 #5 LIT Cabin mate request: _____

ADDITIONAL CONTACT INFORMATION

Emergency Contact: (other than information above)

Name: _____ Relationship: _____

Hm.Tel. (____) _____ Cell.Tel. (____) _____ Bus. Tel.(____) _____

Who can pick up the camper from camp in case of emergency or if camper needs to leave prior to end of session?

Name: _____ Relationship: _____ Tel.(____) _____

NOTE: In the event that the guardian or alternate contact is unavailable, appropriate CAS or other support services will be notified to transport child from camp.

Referral Contact:

Name of Agency (CAS), Church, School, etc.: _____

Name: _____ Email: _____

Phone: Day: _____ Eve: _____ Wkend: _____

If there is information **not** documented that is necessary for the safety/appropriate management and enjoyment of this camper, please indicate who the Director should contact to discuss these issues confidentially.

Name: _____ Relationship: _____ Tel.(____) _____

TRANSPORTATION INFORMATION

The camp provides transportation to and from Toronto. Please indicate your requirements:

Bus to camp: No Yes*

***Detailed Bus Information will be**

Bus from camp: No Yes*

included in your confirmation package.

Who will be providing transportation for camper to/from camp if bus is not required? **Please call for directions.**

Name: _____ Relationship: _____ Tel.(____) _____

The camper will only be released to the person named herein. The camp must be informed in writing of any changes to the information in this section.

CAMPER NAME: (Please print)

The following is to be filled out by Camper's Parent, Guardian, Minister, Reference or Social Worker. If a camper is sponsored by a Children's Aid Society or other agency, it is essential that the Social Worker take time to ensure that accurate and complete info is provided below. Please consider the following questions and answer carefully.

The more information we have, the better we can provide this camper with a positive camping experience.

Which of the following best describes this camper? Please check (✓) as many as apply.

Favourite Camp Activities:

- | | | | | | |
|--|-----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Campfire | <input type="checkbox"/> Drama | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Special Days | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Field Games | <input type="checkbox"/> Low Ropes | <input type="checkbox"/> Sports | <input type="checkbox"/> Tree Climbing |
| <input type="checkbox"/> Camper's Choice | <input type="checkbox"/> Crafts | <input type="checkbox"/> Hiking | <input type="checkbox"/> Overnights | <input type="checkbox"/> Swimming | Can camper swim?
<input type="checkbox"/> Yes <input type="checkbox"/> No |

Camper Behaviour:

- | | | | | | |
|---|--|---------------------------------------|--|---|--|
| <input type="checkbox"/> afraid of the dark | <input type="checkbox"/> challenging behaviour | <input type="checkbox"/> follower | <input type="checkbox"/> leader | <input type="checkbox"/> respectful | <input type="checkbox"/> stealing |
| <input type="checkbox"/> aggressive | <input type="checkbox"/> compliant | <input type="checkbox"/> happy | <input type="checkbox"/> likes to be alone | <input type="checkbox"/> rude | <input type="checkbox"/> temper |
| <input type="checkbox"/> anxious | <input type="checkbox"/> cooperative | <input type="checkbox"/> has friends | <input type="checkbox"/> low self esteem | <input type="checkbox"/> runs away | <input type="checkbox"/> trustworthy |
| <input type="checkbox"/> bad language | <input type="checkbox"/> defiant | <input type="checkbox"/> homesick | <input type="checkbox"/> moody | <input type="checkbox"/> sensitive | <input type="checkbox"/> walks in sleep |
| <input type="checkbox"/> been away from home | <input type="checkbox"/> easy going | <input type="checkbox"/> hyper active | <input type="checkbox"/> nervous | <input type="checkbox"/> sexual behaviour | <input type="checkbox"/> wants to go to camp |
| <input type="checkbox"/> bullied <input type="checkbox"/> bully | <input type="checkbox"/> energetic | <input type="checkbox"/> lazy | <input type="checkbox"/> quiet | <input type="checkbox"/> shy | <input type="checkbox"/> wets bed |

Easily relates to: own age younger older adults authority

Difficulty relating to: own age younger older adults authority

Eating habits: fussy hearty average fast slow

Please indicate approaches /behaviour management methods that work well with this camper or any challenges this camper may experience while away at camp, (behavioural, medical, emotional, eating, sleeping, recent trauma, other). Attach additional page if necessary.

AUTHORIZATION

PHOTO CONSENT: I /We hereby give permission and the legal right to CAMP SCUGOG for the use and ownership of any written or audio-visual material, and photographs of the enrolled camper for publicity and promotional purposes.

Parent / Legal Guardian Signature

Relationship to Camper

Date

CONDITIONS OF ENROLLMENT:

1. The Director of Camp Scugog reserves the right to dismiss a camper who, in his/her opinion, has displayed unacceptable behavior and /or has not complied with the rules and expectations of the camp.
2. No refunds or reduced fees will be made for dismissals, late arrivals or early departures.
3. As the parent(s)/legal guardian(s) of the applicant child, I am the only person/we are all of the persons having legal guardianship of the applicant child. **Any conditions of custody and access, if applicable, will be fully communicated in writing to Camp Scugog with this application.**
4. I /We wish my/our child to take part in the FULL CAMP PROGRAM unless I/we advise you otherwise in writing prior to the start of Camp.
5. Permission is hereby given to Camp Scugog staff to dispense prescription and/or standard non-prescription drugs as required and I/we confirm that **all known drug allergies of the child are set out in this applicants Health Form.**

PRIVACY CONSENT: I/we understand that to provide myself/my child with camper care, Camp Scugog will collect personal information about myself/my child. I/we have reviewed the information provided about the collection, use and disclosure of personal information and steps taken to protect it, on the website. I/we understand how this information applies to myself/my child. I/we have been given a chance to ask any questions I/we have about Privacy Policies and they have been answered to my satisfaction. I/we agree to Camp Scugog collecting, using and disclosing personal information about myself/my child set out in the Camp Scugog Privacy Statement.

Print Name

Relationship to Camper

Date

Parent / Legal Guardian Signature

RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

As referred to in this agreement the term “Camp Scugog” includes the following as released parties: Camp Scugog, their respective, Directors, Officers, Employees, Trustees and Beneficiaries; herein after referred to as “Camp Scugog.”

BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS.

PLEASE READ THIS DOCUMENT CAREFULLY

I, _____, _____, _____, _____
Print Name No. Street Apt.

_____, _____, _____, _____
City Province Postal Birth Date: dd/mm/yy

acknowledge and agree that in consideration of being permitted to participate in any **“Camp Scugog” Programs or Activities** arranged, organized, sponsored, conducted, authorized, staged and/or operated by **“Camp Scugog”**:

1. I HEREBY ACKNOWLEDGE AND AGREE THAT:

- **“Camp Scugog” Programs and Activities** may be dangerous, exposing participants to many risks and hazards, some of which are inherent in their very nature, others which result from human error and negligence on the part of the persons involved in arranging, organizing, sponsoring, authorizing, conducting, staging and/or operating the **“Camp Scugog” Programs and Activities**;
- some of the aforesaid risks and hazards are foreseeable, but others are not;
- I acknowledge that any Program or Activity (including travelling to or from such Program or Activity) can be an extremetest of a person’s physical, emotional and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, participants, volunteers, spectators, employees, instructors, counsellors, and/or organizers of the activity; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in any Program or Activity;
- I certify that I am and/or my child is physically, emotionally and mentally fit and have not been advised otherwise by aqualified medical person;
- I willingly agree to comply with the customary terms and conditions for participation in programs and activities. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest teacher or **“Camp Scugog”** representative immediately;
- I understand that **“Camp Scugog”** does not assume any responsibility whatsoever for my safety during the course travelling to and from, or my preparation for or participation in any **“Camp Scugog” Program or Activity**;
- I understand that **“Camp Scugog”** does not undertake to provide health, accident, disability, hospitalization, personal property, or other insurance for participants in their programs or activities. I affirm that I have appropriate medical insurance in the event medical attention is needed for me;
- I understand that I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by **“Camp Scugog”**;
- I hereby consent to receive emergency medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during any Program or Activity;
- I nevertheless ***freely and voluntarily assume all the aforesaid risks and hazards***, and that, accordingly, including traveling to and from, my preparation for, and participation in any **“Camp Scugog” Programs and Activities shall be entirely at my own risk**;

2. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby to the greatest extent permitted by law, **RELEASE, HOLD HARMLESS AND INDEMNIFY "Camp Scugog"** from all liability, and all recourses, proceedings, claims, and causes of action of any kind whatsoever, present or in the future, in respect of any and all personal injuries or property losses which I may suffer arising out of or connected with travelling to and from or my preparation for, or participation in **"Camp Scugog" Programs or Activities** notwithstanding that such injuries or losses may have been caused solely or partly by the active or passive negligence or breach of duty of **"Camp Scugog"**.

I also recognize and agree that the Released Parties assume no responsibility for any liability, damage, or injury that I might sustain due to the intentional, unintentional or negligent acts or omissions of any other person or organization.

3. Jurisdiction

The courts of Ontario Canada shall have exclusive jurisdiction over any claim, legal dispute, or cause of action for negligence or otherwise, arising out of, travelling to or from or my participation in any **"Camp Scugog" Program or Activity(s)**, including but not limited to emergency medical treatment. It is hereby understood and agreed that commencement of any such legal proceedings will be held only in the Province of Ontario and I hereby irrevocably submit to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

4. Severability

I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

5. Acknowledgement of Understanding

I have read this Release Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to bring legal action or assert a claim. I acknowledge that by submitting this form, I am signing the agreement freely and voluntarily and affecting a complete and unconditional release of all liability to the greatest extent allowed by law.

_____,
Participant's name

_____,
Participant's signature

_____,
Witness

_____,
Date

For participants of Minority Age (Under 18 years of age at time of registration)

This is to certify that I as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs or activities.

_____,
Parent/guardian's signature

_____,
Emergency phone number

_____,
Witness

_____,
Date