

# CAMP WIDJIITWIN



## 2018 Day Camp

### Application & Health Form

Box 10020, Huntsville, ON, P1H 2K1  
Toll-free 800-551-0168, Fax 705-789-6668

TNT – Ages 7-10    **BLAST** – Ages 11-13

**NOTE:** Your child's information is considered confidential. It will only be made available to the appropriate, necessary and specific camp and professional medical staff.

## Day Camp Sessions for 2018

Circle the session(s) this camper wants to attend

Camp	TNT 1 / Blast 1	TNT 2 / Blast 2	TNT 3 / Blast 3
Dates	July 8-14	July 15-21	August 5-11
Fee	\$300	\$300	\$300
Theme	Star Wars: Attack of the Clones	Star Wars: Revenge of the Sith	Star Wars: The Empire Strikes Back

\$15.00 Tuck is included the registration fee.

Stay for supper each night through the end of chapel for an additional **\$170.00**. Still no HST!

Full theme descriptions are online at [www.mycamp.ca](http://www.mycamp.ca).

## Personal Information

Name: \_\_\_\_\_ New Camper? Yes / No

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Age at time of camp: \_\_\_\_\_ Gender: male/female

Applicant Email: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Business Phone: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship of above contact to camper \_\_\_\_\_ (if other than parents)

Health Card #: \_\_\_\_\_ or other Insurance provider  
and policy # \_\_\_\_\_ (attach a photocopy)

Version Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any reasons why your duties may be restricted due to physical limitation or disability? YES / NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How did you heard about Camp Widjiitwin? \_\_\_\_\_

# Health Information

Camper Name: \_\_\_\_\_

**Please check all that your child has experienced or is experiencing:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Frequent Colds         | <input type="checkbox"/> Nose Bleeds            |
| <input type="checkbox"/> ADD/ADHD                      | <input type="checkbox"/> Hay Fever              | <input type="checkbox"/> Rash                   |
| <input type="checkbox"/> Bed Wetting                   | <input type="checkbox"/> Headaches - Frequent   | <input type="checkbox"/> Sinus Trouble          |
| <input type="checkbox"/> Chicken Pox                   | <input type="checkbox"/> Heart Condition        | <input type="checkbox"/> Sleepwalking           |
| <input type="checkbox"/> Contagious Disease - Exposure | <input type="checkbox"/> Homesick Tendency      | <input type="checkbox"/> Stomach Aches          |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Lactose Intolerant     | <input type="checkbox"/> Toothaches             |
| <input type="checkbox"/> Ear Infections – Frequent     | <input type="checkbox"/> Lice                   | <input type="checkbox"/> Other Infections _____ |
| <input type="checkbox"/> Eating Disorder               | <input type="checkbox"/> Measles                | _____   |
| <input type="checkbox"/> Fainting                      | <input type="checkbox"/> Mumps                  | _____   |
| <input type="checkbox"/> Fever - current               | <input type="checkbox"/> New or worsening cough | _____   |

Please give details of the above: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Please check all immunizations and provide the date of the last immunization:**

<input type="checkbox"/> MMR – Measles/Mumps/Rubella	Date
<input type="checkbox"/> Polio	Date
<input type="checkbox"/> DPT – Diphtheria/Tetanus	Date
<input type="checkbox"/> HBV – Hepatitis B	Date

**Please list all allergies** (include explanation, severity, medications, etc.):

Medications  Bee/Wasps  Foods (please list, use an extra sheet if needed) \_\_\_\_\_

OTHER (please list) \_\_\_\_\_

What is their usual reaction to allergens? \_\_\_\_\_

Does the camper have any physical, emotional, mental, anxiety/depression or behavioural weaknesses or problems? YES / NO If yes, please attach a note of explanation.

Does the camper take any medication regularly or have any severe allergies? YES / NO  
If yes, please attach a note of explanation including dose and time administered.

If there are treatments, injections or special medications to be given at camp, state when and how often to be administered. The camper should bring these to camp and leave them with our Camp Medic with written instructions. \_\_\_\_\_

**PLEASE ENSURE PRESCRIPTION DRUGS ARE IN THE ORIGINAL PHARMACY LABELLED CONTAINER.** State what operations, recent illnesses or injuries camper has had and give details:

Parents/Guardians will be contacted if your child experiences any serious illness or major injury. However, our camp medic is unable to call about every child that makes a visit to the infirmary.

It is our policy at Camp Widjitiwin that ALL medication be brought to the infirmary/camp medic upon arrival at registration. ALL medications must be in the original container or it cannot be given out by the nurse. This includes all meds including OTC Meds like Advil or Tylenol. Will your child be bringing any medications?

YES / NO – Please check...

1. **Inhaler/Bronchodilator**  Yes  No 2. **Epi-pen**  Yes  No 3. **Other** [Please Specify]: \_\_\_\_\_

**BONUS!!!** Get one FREE Camp Widjiitiwin T-shirt with your registration! Please choose the most appropriate t-shirt size.

**Youth:** Small  Medium  Large   
**Adult:** Small  Medium  Large  X-Large

## Specials and Other Fees

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- ❖ **Multiple Week Discount – Day Camp:** When a camper stays for more than one week take \$50 off the second week. This discount may be combined with the Early Bird Discount.
- ❖ **Sibling Discount:** When a camper is coming with other immediate family members the rate per week is discounted \$20.00. This discount may be combined with the Early Bird Discount. This discount is not available with the church/school group discount.
- ❖ **Early Bird Discount:** Register and pay in full before April 1<sup>st</sup> 2018 and save \$25.00.
- ❖ **Church/School Group Discount for Day Campers:** \$25.00 off per person if you send in 5 or more registrations together with a cover letter from a group leader. This discount may be combined with the Early Bird Discount. This discount is not available with the family discount.

## Payment Information

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A non-refundable deposit of \$100.00 for each week of camp is due with the registration form. The balance of the camp fees is due on April 1, 2018 for the early bird discount or June 1, 2018 for regular payment.

Total Amount payable (from Excel worksheet on website) \$ \_\_\_\_\_

I HAVE ENCLOSED A CHEQUE PAYABLE TO CAMP WIDJIITWIN OR PLEASE CHARGE

My VISA / MasterCard / American Express; Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

### Please Note:

1. ALL application forms must be received with a **\$100 non-refundable deposit** before they will be processed.
2. A confirmation package including a financial receipt and weekly information will be sent to you upon registration in our system.
3. **All fees are due by June 1, 2018** unless applying for the Early Bird Discount (due in full on April 1st). Failure to pay these fees by the deadline may result in the cancellation of your registration.
4. Use the handy Registration Worksheet on the website to determine the fees due.
5. Day camp is exempt from the 13% HST

### Peanut Allergies

Recognizing that an increasing number of campers have a severe allergy to peanuts and/or nut products and understanding the seriousness of these allergies, we have a great concern for the safety of our campers. Therefore, Camp Widjiitiwin is eliminating the use of these products from use in the kitchen, out trip meals and Tuck Shop products. Further, we will notify incoming campers of our new policy and strongly recommend that they do not bring foods with peanuts to camp. Campers having potentially life threatening conditions such as peanut allergies are required to provide two sets of medication, be familiar with its use and carry the medication in a fanny pack at all times. While we are increasing our sensitivity in this area, **we CANNOT guarantee a nut free environment.**

## Consent to Treatment, Waiver and Release

### Important Information – Must be signed prior to participation in any activity at Camp Widjiitiwin.

**Health Coverage:** Each camper, including non-residents must provide evidence of coverage under Ontario Health Insurance or equivalent. Non-residents will be billed for the costs of hospital out-patient visits [emergency room, X-rays, etc.]. If for any reason my child receives special medication or services beyond that furnished by Camp Widjiitiwin Infirmary, I agree to pay for or seek reimbursement from my own insurance company for all such expenses.

**Medical Treatment:** I hereby give permission to the physician and nurses selected by Camp Widjiitiwin Director to assess and give medical treatment, including prescriptions, and over the counter medications when necessary to my son/daughter. In the event that a camper requires special medication, transportation, X-ray or treatment beyond that which is possible at the resort, the parents will be charged with the additional expense. In case of surgical emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injection, aesthesia or surgery for my child as named above and will be responsible for any additional expense that may result from such services.

**Liability:** While every precaution is taken for the safety and good health of our campers, some sports and activities at Camp Widjiitiwin carry with them the inherent risk of personal injury. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. Also, while I understand that Camp Widjiitiwin does its best to protect against exposure to nut products where there are allergies of which I have given written notice, I recognize that Camp Widjiitiwin does not accept responsibility or liability and I hereby release Camp Widjiitiwin for any illness or injury which may occur as a result of exposure by my child to any such food or other item to which my child has an allergy. By signing below, you are releasing the employees, Directors and Officers of Camp Widjiitiwin, Muskoka Bible Centre Inc., Muskoka Ministry Centre, Muskoka Bible Foundation, Bible Centre Ministries and the employees of facilities outside the camp grounds [the "Releasees"] from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of Camp Widjiitiwin including any programs or otherwise, notwithstanding that any such loss, injury or damage may have arisen by reason of negligence of the ["Releasees"]. This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release.

**Jurisdiction:** I understand that any and all actions arising out of this agreement or the use of Camp Widjiitiwin will be governed by the laws of Ontario, Canada and I consent to the exclusive jurisdiction of the courts in Ontario, Canada.

**Dismissal and Behaviour:** The Director reserves the right to dismiss a camper without a refund who, in his opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the resort. I certify that I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the Camp Widjiitiwin program. I also give permission to the Director of Camp Widjiitiwin to search my child's belongings for items prohibited by camp, if suspected. I agree to reimburse Camp Widjiitiwin for any intentional damage or defacement of camp property caused by my child.

**Custody:** The parents/guardians submitting this form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Camp Widjiitiwin, including a photocopy of the section of any court order referring to visitation rights.

**Lost Items:** Camp Widjiitiwin is not responsible for personal items that are lost, stolen or damaged.

**Promotional Photos:** I grant permission to Camp Widjiitiwin and to any third party authorized by Camp Widjiitiwin to use photos, videos, or any other recording or reproduction of the camper in any medium for use in promotional materials and/or as otherwise seen fit by Camp Widjiitiwin, which includes but is not limited to website, brochure, postcards, Facebook and other digital, print or electronic media.

**Cancellation Policy:** The non-refundable deposit of \$100.00 per week is required at the time of application. Only applications that are accompanied by the deposit will be processed. This includes applications to be added to the Waiting List. For cancellations prior to June 1, 2018, all funds will be refunded, other than the deposit. Between June 1<sup>st</sup> and 14 days before the camper's week starts a refund will be issued for 75% of the camp fees after deducting the deposit. In the 7-14 day window before a week begins 50% of the camp fee is refundable after deducting the deposit. If less than seven days before a week begins there is no refund available. All Camp fees are due and payable on June 1, 2017 except for the Early Payment Discount (due in full on April 1<sup>st</sup>). No refunds are given if a child leaves early because of homesickness or for disruptive behavior as determined by the Camp Director.

As the parent/legal guardian of the above named child, I state that I have thoroughly read this application and the 2018 application information thoroughly and I accept the conditions of enrolment and cancellation policies of Camp Widjiitiwin and I am in full agreement. In case of medical emergency, I hereby give permission to the physician selected by the camp director to hospitalize and/or secure proper treatment for my child.

Name of Parent/Guardian (Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_