

# S.A.L.T.

## SKILLS AND LEADERSHIP TRAINING

### 2019 SALT Application & Health Form

8 Pioneer Dr. Huntsville ON, P1H2J3  
Toll-free 705-789-0123, Fax 705-789-6668

Dates: SALT (14-17) Sunday, June 30 - Saturday, July 27, 2019



I am applying for SALT  
Price/session: \$1999 + HST

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.

### 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 Widjiitiwin? \_\_\_\_\_

# Health Information

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

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

- |                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| 1 Asthma                       | 1 Frequent Colds         | 1 Nose Bleeds            |
| 1 ADD/ADHD                     | 1 Hay Fever              | 1 Rash                   |
| 1 Bed Wetting                  | 1 Headaches –Frequent    | 1 Sinus Trouble          |
| 1 Chicken Pox                  | 1 Heart Condition        | 1 Sleepwalking           |
| 1 Contagious Disease –Exposure | 1 Homesick Tendency      | 1 Stomach Aches          |
| 1 Diabetes                     | 1 Lactose Intolerant     | 1 Toothaches             |
| 1 Ear Infections – Frequent    | 1 Lice                   | 1 Other Infections _____ |
| 1 Eating Disorder              | 1 Measles                | _____                    |
| 1 Fainting                     | 1 Mumps                  | _____                    |
| 1 Fever –current               | 1 New or worsening cough | _____                    |

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

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

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

1 MMR – Measles/Mumps/Rubella	Date
1 Polio	Date
1 DPT – Diphtheria/Tetanus	Date
1 HBV – Hepatitis B	Date

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

1 Medications 1 Bee/Wasps 1 Foods (please list, use an extra sheet if needed) \_\_\_\_\_

1 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 Widjiitiwin 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 1 Yes 1 No 2. Epi-pen 1 Yes 1 No 3. Other [Please Specify]: \_\_\_\_\_

## Program Fees

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1. The fee for all the 2019SALT programs is \$2049.00 plus taxes (13% HST)
2. A \$250.00 non-refundable deposit is due at registration and will be deposited upon acceptance to the program. The balance of fees is due by June 1, 2019. Failure to pay these fees by the deadline may result in the cancellation of your registration.
3. These fees do not include any spending or tuck shop money.
4. A confirmation package (including a financial receipt) will be sent to you upon acceptance. Please call 1-800-551-0168 if you do not receive your confirmation package.
5. SALTers may attend SIZZLE for the reduced rate of just \$285.00 off.
7. Discounts: most discounts do not apply for SALT campers. This includes multiple weeks and early bird discounts. Group and family discounts may apply. One week camp coupons do not apply towards your SALT fees.
8. Taxes are 13% HST

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

Youth:      Small 1      Medium 1      Large 1  
Adult:      Small 1      Medium 1      Large 1      X-Large 1

Tuck - is included for campers, but campers may wish to bring some spending money for when they visit town or local events.

Note: SALTers will be off site for several events and will need between \$100 to \$130 for Tuck as well as for trips to town, Guys/Girls night, the canoe to town trip, service day and Dairy Queen trips.

## Payment Information

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A deposit of \$250.00 for each SALT session is due with the application form. The balance of the camp fees is due on June 1, 2017. Just let us know if you want us to charge your credit card on June 1<sup>st</sup> for the balance due. Additional funds can be added by credit card during camp if desired.

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

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

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

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

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

### 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 Directors 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, anesthesia 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 deposit amount per session is required at the time of application and is non-refundable. 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, 2019, all funds will be refunded, other than the deposit amount. Between June 1st and 14 days before camp starts a refund will be issued for 75% of the camp fees. In the 7-14 day window before a week begins 50% of the camp fee is refundable. If less than seven days before a week begins there is no refund available. All Camp fees are due and payable on June 1, 2019.

As the parent/legal guardian of the above named child, I state that I have thoroughly read this application and the 2019 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: \_\_\_\_\_





## REFERENCES

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You need to obtain 2 references from adults who know you in different areas of your life (e.g.: church, school, work). At least one of these references must know you in a church/Christian context. Reference forms can be filled out online via [www.mycamp.ca/our-season/salt](http://www.mycamp.ca/our-season/salt) . If using physical copies, you will need to give the reference forms to your referees. The references can send the completed forms directly to the Camp or email them to the Widjiitiwin office. NOTE: Your application will not be processed until all reference forms have been received.

Church Leader: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Teacher, Employer or Family Friend: \_\_\_\_\_

Phone Number: \_\_\_\_\_

T-Shirt Sizing (PLEASE INDICATE WHICH SIZE OF T-SHIRT YOU REQUIRE)

Adult Small

Adult Medium

Adult Large

Adult XL

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## CHILD ABUSE

Child abuse is an important and sensitive issue in our society today. Consequently, we are asking everyone applying for a position at Camp Widjiitiwin to answer the following questions:

Do you have a criminal record involving any kind of abuse of children? YES / NO

Have you ever been investigated by the Children's Aid Society regarding any kind of abuse of children?  
YES / NO

I hereby authorize the appropriate police force to investigate its records, make inquiries of other police forces and advise the directors of Camp Widjiitiwin whether or not such records contain information which, in the opinion of the police force, may be relevant to my application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# CONFIDENTIAL SALT REFERENCE

To Applicant: Please give this form to one of the following: Pastor, Youth Pastor or Elder /Deacon

\* Please give the recipient of this form an addressed, stamped envelope\*

To Recipient: The individual below has applied for the Skills And Leadership Training program at Camp Widjiitiwin and has selected you to give a reference. Please complete this form and mail it as soon as possible. If you have any questions, please call us at 705-789-0123 fax 705-789-6668; Mail or fax the completed for directly to Camp Widjiitiwin, 8 Pioneer Dr, Huntsville, ON P1H 2J3

Name of Applicant: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_ How well do you know applicant? Slightly/Well/Very Well

In what capacity do you know the applicant? \_\_\_\_\_

Do you feel the applicant has a growing, personal relationship with Jesus Christ? YES / NO

Please comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the applicant have a genuine desire to share their faith in Christ? \_\_\_\_\_

Please comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know of any reason why this applicant would NOT be suitable for this program? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Would you consider the applicant qualified to supervise children? YES / NO Please explain your answer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write an estimation of the applicant's character and ability for ministry to others. Please comment on present service for others, leadership skills, initiative, capacity for work, dependability, concern for others, integrity and level of spiritual maturity. (Use other side if more space is required). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking time to fill out this reference form. This statement will be kept confidential.

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Church phone: \_\_\_\_\_

Church name and address: \_\_\_\_\_

\_\_\_\_\_



# CONFIDENTIAL SALT REFERENCE

To Applicant: Please give this form to one of the following: Employer, Teacher or Adult Family Friend  
\* Please give the recipient of this form an addressed, stamped envelope\*

To Recipient: The individual below has applied for the Skills And Leadership Training program at Camp Widjiitiwin and has selected you to give a reference. Please complete this form and mail it as soon as possible. If you have any questions, please call us at 705-789-0123 fax 705-789-6668; Mail or fax the completed form directly to Camp Widjiitiwin, 8 Pioneer Dr, Huntsville, ON P1H 2J3

Name of Applicant: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_ How well do you know applicant? Slightly/Well/Very Well

In what capacity do you know the applicant? \_\_\_\_\_

Please grade the applicant on the following personal qualities and attitudes:  
(1) Excellent (2) Good (3) Fair (4) Weak in the area (5) Do not know

## ATTITUDES

Towards authority \_\_\_ Towards peers \_\_\_ Towards parents \_\_\_

## PERSONAL QUALITIES

Integrity ___	Leadership ___	Ability to work with others ___
Loyalty ___	Initiative ___	Willingness to take criticism ___
Friendliness ___	Capacity for work ___	Concern for children ___
Dependability ___	Emotional stability ___	Honesty ___
Enthusiasm ___	Tact ___	Punctuality ___

## Comments on any of the above:

Do you know of any reason why this applicant would NOT be suitable for this program? \_\_\_\_\_

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

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Thank you for taking time to fill out this reference form. This statement will be kept confidential.

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

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

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

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# SALT AGREEMENT

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At Camp Widjiitiwin, we are looking for young people who are ready for leadership training now. We take our leadership development seriously and we expect our staff and SALT members to have the same attitude.

All applicants for the SALT program MUST be committed to the following:

Be teachable and open to feedback and correction from camp staff.

Be willing to work hard and give a 100% effort.

Seek to work in co-operation with other SALT members, the SALT staff and other camp staff.

Seek to be a good example and witness by lifestyle and word to all campers for Christ.

Follow all policies and rules of Camp Widjiitiwin and the Salt Program.

Read our Statement of Faith (below). Each SALT member must remember why they are involved in the program and keep their focus on this purpose. Failure to do so may result in dismissal.

## STATEMENT OF AGREEMENT

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I have read and understand the "SALT Agreement" and am willing to abide by it if accepted into the program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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