HIDDEN BAY LEADERSHIP CAMP

2019 Camper Registration

YORK Care & Education PROFESSIONAL

Camper Information

Name _____
(FIRST) (LAST) (PREFERRED)

Gender:_____ Date of Birth (MM/DD/YYYY): _____

Primary Household Information
(Where correspondence for camp should be sent)

Street: _____

City: _____ Prov: ____ Postal Code: _____

Child lives with: Both Parents | Parent 1 | Parent 2 | Grandparent(s) | Guardian(s) | Other: _____

Parent/Guardian 1 (Primary Contact)

Name : _____

Relationship to Child: _____

Email Address: _____
[ ]I would like to receive regular email updates about camp throughout the year

Home Phone : _____

Work Phone : _____

Cell Phone : _____

Parent/Guardian 2

Name : _____

Relationship to Child: _____

Email Address: _____
[ ]I would like to receive regular email updates about camp throughout the year

Home Phone : _____

Work Phone : _____

Cell Phone : _____

Emergency Contact – if Parent/Guardian(s) can't be reached

In the event that I/We are not able to pick up my/our child, he/she has my/our permission to leave with the following individual(s):

Contact 1

Name : _____

Relationship to Child: _____

Home Phone : _____

Work Phone : _____

Cell Phone : _____

Contact 2

Name : _____

Relationship to Child: _____

Home Phone : _____

Work Phone : _____

Cell Phone : _____

2019 Camp Dates

Please check boxes to indicate desired sessions

OVERNIGHT CAMP SESSIONS

1 week—$660+HST—Ages 7-15

[ ] 1 Sun. June 30 – Fri. July 5 **[ ] 2** Sun. July 7 - Fri. July 12

[ ] 3 Sun. July 14 – Fri. July 19 **[ ] 4** Sun. July 21 – Fri. July 26

[ ] 7 Sun. Aug. 11 – Fri. Aug 16 **[ ] 8** Sun. Aug. 18 – Fri. Aug 23

2 weeks—$1375+HST—Ages 8-15

[ ] 1+2 Sun. July 30 – Fri. July 12

[ ] 3+4 Sun. July 14 – Fri. July 26

[ ] 7+8 Sun. Aug. 11 – Fri. Aug 23

LIT — 2 weeks—$1700+HST-Ages 14-15 (by Dec 31, 2019)

[ ] LIT Sun. July 28 – Fri. Aug. 9

CIT — 4 weeks—$2500+HST —Age 16 (by Dec 31, 2019)

Please Contact Office for Information & CIT Application

Busing—Please check Busing Options for Overnight camp sessions

To Camp [ ] Aurora [ ] Barrie [ ] Parry Sound [ ] Camp Drop Off

From Camp [ ] Aurora [ ] Barrie [ ] Parry Sound [ ] Camp Pick Up

DAY CAMP SESSIONS

1 week—$285– Ages 4*-13 (Runs Daily from 8:30-4:30)

[ ] 1 Mon. July 1** - Fri. July 5 **[ ] 2** Mon. July 8 – Fri. July 12

[ ] 3 Mon. July 15 – Fri. July 19 **[ ] 4** Mon. July 22 – Fri. July 26

[ ] 5 Mon. July 29 – Fri. Aug. 2 **[ ] 6** Mon. Aug. 5** – Fri. Aug. 9

[ ] 7 Mon. Aug. 12 – Fri. Aug. 16 **[ ] 8** Mon. Aug. 19 – Fri. Aug. 23

*Camper must have completed Junior Kindergarten
**Camp is open for Canada Day & August Civic Holidays

Additional Care:

[ ] $30 **Thursday Evening Program**

[ ] $60* **Thursday Overnight Stay****

*Includes HST **Limited to children 7 and older

[ ] $40/week **Before Care (7:15am drop off)**

[ ] $40/week **After Care (5:45pm pick up)**

[ ] $55/week **Before & After Care**

Updated: January 15, 2019

Please return to: 15203 Yonge St., Aurora, ON, L4G 1L8 **Tel**: (905) 841-1314 x 326 **Fax**: (905) 841-8889

ACCREDITED MEMBER OCA Ontario Camps Association

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Camper Profile

This is my child's _____ year at HBLC

Grade for Fall 2019:_____

School: _____

Does your child currently attend a YPCE Kid's Club:_____

If yes, which one?_____

Hesitations/Fears:
Is your child hesitant about any aspect of camp? Does your child have any serious fears?

_____

_____

What is the best way to help your child when they are overwhelmed or scared?

_____

_____

Personal Habits/ Characteristics:
Is there anything that the staff should be aware of regarding your child's personal habits?

_____

_____

What characteristics best describe your child?

_____

_____

Support:
Is there any support that has helped your child during the past school year? What form did this support take (e.g. behaviour, academics etc)?

_____

_____

Were there any changes in the child's life this year that may impact their experience at camp? (e.g. family changes, death in family, personal diagnosis, etc.)?

_____

_____

Cabin/Groups Requests

Cabins are assigned by gender and grouped by age/grade, as well as length of stay. We will do our best to honour your cabin request but cannot guarantee placement.

Request #1:_____

Request #2:_____

Swimming Level

All campers will be screened by our Waterfront team on their fist day at camp, but by knowing their general swim level we can be prepared prior to the screening.

We offer swimming support for all levels, however by letting us know your campers ability before they arrive we can ensure that there is a swim group right for them.

[ ] Non-Swimmer/Swims with life jacket
[ ] Shallow End Swimmer
[ ] Deep End Swimmer
[ ] Trained (Bronze Awards) or competitive swimmer

How did you hear about Hidden Bay?

By sharing your referral source, you help us connect with more campers.

[ ] Personal Referral (Family member, friend etc):

_____

[ ] Agency Referral (York Region, SMCF, Community Living etc): _____

[ ] OCA (Ontario Camps Association)

[ ] Internet Search/Online Directory (please list keywords searched): _____

[ ] Print Advertising (please specify):

_____

[ ] Other:

_____

HIDDEN BAY LEADERSHIP CAMP

2019 Camper Registration Health Form

YORK Care & Education PROFESSIONAL

Camper Name: _____

Allergies

Does your child have any allergies? [ ]Yes [ ] No

Allergic Triggers (please check all that apply)? [ ] Food [ ] Environmental [ ] Medication [ ] Pets [ ] Other
Please note: Your child will be expected to eat the nutritious meals provided unless an allergy is identified with a Doctor's note

Please list the specific allergens, their reactions and general treatment

Allergic Trigger	Allergic Reaction Details & Appropriate Treatment

If there are more allergies please attach a separate sheet

Does your child carry an epinephrine autoinjector (Epi-Pen)? [ ] Yes [ ] No
If yes what do they carry the epinephrine autoinjector for? _____

[ ] Yes, I understand that should my child require either epinephrine autoinjector, inhaler or other specific medication related to the allergy, I will provide the required medication.

Does your child have any dietary restrictions? [ ] Yes [ ] No

If yes, what restrictions do they have? _____
Hidden Bay Leadership Camp is peanut and tree nut aware. This means we do not serve nut products, but are not responsible for food served that may contain traces of nuts as indicated on the packaging. We are able to provide a vegetarian, dairy-free, gluten-free menu. We cannot accommodate dietary preferences.

Medications

Does your child require any medication (prescription and/or non prescription) during their day at camp? **[ ] Yes** **[ ] No**
If yes, please list the specific medication and reason for administration. You will be required to complete a Medication Authorization Form, please contact the office to obtain form.

Medication	Reason for Medication

If there are more medications please attach a separate sheet

Over the Counter Medications— Please indicate if any of the following over-the-counter medications be given to your child while at camp? These will only be given on an "as needed" basis as determined by the Camp Director/Designate.
Please note: All medication (prescription, non-prescription and vitamins) must be in the original package and labeled with

[ ] Acetaminophen (Tylenol)
[ ] Antibiotic Cream (Polysporin)
[ ] Antacid (Tums)
[ ] Diphenhyramine Oral (Benadryl)
[ ] Dimenhyrinate (Gravol)
[ ] Calamine Lotion
[ ] Ibuprofen (Advil)
[ ] Insect Repellent—No DEET
[ ] Sunscreen—min. SPF 30

your child's name and will be administered to your child according to the package instructions. Your child will NOT receive their medication otherwise. Blister packs prepared by your pharmacist are the most effective way to send medications to camp.

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2019 Camper Registration Health Form

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Immunization Record

Please indicate if your child is fully immunized for their age as outlined by the Province of Ontario. If you reside outside Ontario, please indicate if your child is fully vaccinated to the standards of that jurisdiction.

[ ] Yes [ ] No

If no, NEW CAMPERS please provide one of the following documents by email to camps@ypce.com.
- A notarized Ministry of Education approved Statement of Conscience or Religious Belief form
- Ministry of Education approved Statement of Medical Exemption form (completed by a doctor or nurse practitioner).
RETURNING CAMPERS, your previously provided documentation will be forwarded to the current year.

Camper Health History

Has your child experienced, or is currently experiencing, any of the following conditions?

Any condition disclosed on the medical form will not impact your child's enrollment at camp and will only be disclosed to camp medical staff and counsellors as needed to ensure that your child has a positive experience at camp.

[ ] Asthma/Inhaler
[ ] Bedwetting
[ ] Bleeding disorder
[ ] History of Concussion
[ ] Diabetes
[ ] Epilepsy/ Seizures
[ ] Fainting
[ ] Frequent Headaches
[ ] Heart/Cardiac Condition
[ ] Nightmares/Terrors
[ ] Serious Injury
[ ] Recent Operation
[ ] Sleepwalking
[ ] Other

Details of any of the above that may be relevant to your child's stay at camp.

_____

_____

Does your child have any restrictions on activity? [ ] Yes [ ] No
If yes, please explain:_____

Will your child require any special assistance while at camp? [ ] Yes [ ] No
If yes, please explain:_____

Additional Health Notes:

_____

_____

Insurance Information

Health Card Number: _____ Expiry Date (YYYY/MM/DD) : _____

Physician's Name: _____Phone Number: _____

My signature below indicates all information on this Health Form is complete and accurate.

_____
Signature of Parent/Guardian Printed Name Date

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Camp Calculator

Total Session Fee: +_____

Discount: _____% -_____

(Total x % = amount to subtract)

Subtotal: =_____

HST Tax: (x 13%) +_____

Subtotal: =_____

Deposit: - _____

Balance Owing: =_____

Payment Details

I would like to pay in full:
[ ] Cheque [ ] Visa/Mastercard

All registrations received after May 1st will be processed in full.

I would like to pay my deposit of $150.00:
[ ] Cheque [ ] Visa/MasterCard

I would like to pay all remaining fees on May 1st
o Cheque o Visa /MasterCard

Please make all cheques payable to YPCE and return with your registration form.
Include a post-dated cheque if applicable.

Credit Card Number:

_____

Expiry Date: _____ / _____

CVV: _____

Name on Card:

_____

Cardholder Address (if different from child):

_____

_____

_____

Cardholder Signature

_____

All fees must be paid by May 1st, after this date payment in full is required at time of registration.

Please read and understand the refund/ cancellation policy.

TERMS & CONDITIONS

Enrolment is subject to the following conditions:

Camp Space—Age, grade and gender are considered when determining available space in the session(s) of your choice.

After Registration— Upon receipt of the completed Registration/Health History forms, Immunization forms and payment, a confirmation letter will be sent to confirm your registration.

Cancellation & Refund Policy—Hidden Bay Leadership Camp reserves the right to cancel any camp session if a minimum number of participants have not registered one week prior to the program starting. Hidden Bay Leadership Camp will issue full refunds if this occurs. **Refunds** are not granted if the parent/guardian withdraws a camper before the end of the session, if the camper arrives with a communicable disease or is sent home for misconduct.Fees are refundable, less the non-refundable deposit ($150.00) up to May 1, 2019. Thereafter, they are refundable only for medical reasons with a doctor's certificate prior to the beginning of the child's session at camp. **Any requests for refunds must be made in writing to the Camp Director prior to the start of the session.**Hidden Bay Leadership Camp will not be responsible for any loss or theft of the camper's property. Camper will participate in the full camp program unless the camp is provided with medical information regarding specific limitations.

Health & Safety—Hidden Bay Leadership Camp is nut aware. This means we do not serve nut products, but are not responsible for food served that may contain traces of nuts as indicated on the packaging. We ask that parents do not send food to camp. It is expected that all children including those on any medication will still be able to participate fully in all the camp programs and activities.

Refusal & Dismissal- Hidden Bay Leadership Camp reserves the right to refuse a camper based on previous camp behaviour, misconduct or a lack of resources to meet a child's medical needs. A full refund less deposit will follow should this occur. The camp admin has the right to dismiss any camper who in their opinion is a hazard to the safety or rights of others, who appears to have rejected the reasonable expectations of camp, or who arrives with a communicable disease. The parent/guardian is responsible to provide their return transportation.

Income Tax Receipts—Tax receipts for enrolment fees paid will be issued in February of the following year. Please inform the office of any address changes.

NSF Payments/Cheques—A $50.00 service charge will be levied on all NSF payments. Replacement cheques must include the service charge and must be certified.

Authorization— I hereby waive, release and absolve and agree to indemnify and save harmless Hidden Bay Leadership Camp and York Professional Care & Education Inc., its trustees, directors, corporations members, staff and agents of and from any and all liability arising there from, except such as shall arise solely as a consequence of its or their willful negligence or willful default.

If for any reason my child requires medical attention or special medication beyond that furnished by the camp, I agree to be responsible for any expenses incurred. I give the Camp Director/Designate permission to transport my child via EMS or taxi to a nearby physician or hospital, and to obtain medical attention necessary for my child's welfare and good health including ordering injections, anesthesia or surgery. In such situation, the camp will attempt to notify the parents as soon as possible. Each camper must be covered by OHIP or equivalent.

Photo Waiver- I consent to Hidden Bay Leadership Camp York Professional Care & Education take photographs, films, sound recording and any other reproductions of my child and to use them for:

Promotional materials, external documents, website and social media accounts. [ ] Yes [ ] No
Internal **AGENCY** use, including internal reports and displays at Camp/Centre. [ ] Yes [ ] No

I have read, understand and agree to the Terms and Conditions.

_____
Signature of Parent/Guardian

_____
Printed Name Date

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