

Family Information

Please note: Forms must be completed prior to registration

Is your family information the same as it was on the 2010 summer application form?

No (please fill all boxes below) **OR** Yes (please write your name and skip the family information boxes)

Mother:	Father:	Address:	Emergency Contact #1
Last Name:	Last Name:	Street Address:	Name:
First Name:	First Name:	Town/City:	Relationship:
Home Phone:	Home Phone:	Province/State:	Home Phone:
Work Phone:	Work Phone:	Country:	Work Phone:
Cell/Pager:	Cell/Pager:	Postal Code:	
Email:	Email:	How Did you hear about Cooch? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Emergency Contact #2
Occupation:	Occupation:		Name:
			Relationship:
			Home Phone:
			Work Phone:

Camper Information

Last Name:	First Name:
Date of Birth: D: M: Y:	Grade (in January 2011):
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Custody (attach documents if necessary):	

Session Information

Code	Description	Ages	Full Fee
2W1	2 weeks, Session 1 - July 3 - July 15	6-15	\$1,370.00
1W1-A	1 Week Session 1A - July 3 - July 9	6-15	\$715.00 **
1W1-B	1 Week Session 1B - July 9 - July 15	6-15	\$715.00 **
	** Plus additional \$350.00 for 1 on 1 mentoring		
	LEADERSHIP PROGRAMS		
L1J	Leadership One July, 4 weeks, July 3 - July 29	15-17	\$2,525.00
L2J	Leadership Two July, 4 weeks, July 3 - July 29	16-17	\$2,375.00
L1A	Leadership One August, 4 weeks, July 31 - August 26	16-17	\$2,525.00
L2A	Leadership Two August, 4 weeks, July 31 to August 26	16-17	\$2,375.00

Session Information	Session Code <small>(Please see legend on previous page)</small>	Dates	Fees Total <small>(please see rates on previous page)</small>
Camper/LDP			\$

Additional Programs:
These programs are offered as optional components to camp. Please note that some are offered at an added cost. Please check only one box per option.

Out Trip Option (for Intermediates & Seniors Only)

Standard Camp Out Trip (1 night intermediates, 2 nights seniors) = **no cost**

4 Day Algonquin Out Trip (one month campers only) = **\$95.00**

My child does not wish to go on an out trip

Senior Day Trip Option (Grade 7 and above)

● All seniors participate in a senior day trip.
An additional \$35.00 is charged for this program.

Additional Programs Total
\$

Please check this box below if you **do not** want your child to participate in the program.

Transportation:
Please indicate how your child will be getting to and from camp.

By Bus:	1 Way to Camp \$ 35.00 <input type="checkbox"/>	1 Way from Camp \$ 35.00 <input type="checkbox"/>	OR	Round Trip \$ 55.00 <input type="checkbox"/>
From Air-port:	1 Way to Camp \$ 75.00 <input type="checkbox"/>	1 Way from Camp \$ 75.00 <input type="checkbox"/>	OR	Round Trip \$ 125.00 <input type="checkbox"/>
By Car	To Camp <input type="checkbox"/>	From Camp <input type="checkbox"/>	OR	Both Ways <input type="checkbox"/>

Transportation Total
\$

Note: Clothing will not be for sale at camp & must be pre-ordered

Cooch Clothing 2011

Camper's Size	Description	Color	Price/Quantity	Total
Please Check One: <input type="checkbox"/> Youth <input type="checkbox"/> Adult	Cooch Games T-Shirt	<input type="checkbox"/> Pine <input type="checkbox"/> Spruce	\$15 x _____	\$
		<input type="checkbox"/> Cedar <input type="checkbox"/> Birch		
Please Check One: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Cooch Logo T-Shirt	<input type="checkbox"/> Contemporary	\$15 x _____	\$
	Cooch Logo Hoodie	<input type="checkbox"/> Classic	\$40 x _____	\$
	Flex Fit Hat	<input type="checkbox"/> Contemporary	\$18 x _____	\$
	A Letter Writers Kit	Includes: 5 post cards, 5 envelopes, note pad, camp pen & 10 stamps	\$15 x _____	\$



2011 Logo not shown here

Camp Clothing Total
\$

- Please Note:**
- In order to qualify for the Early bird Incentive Discount, full payment must be received no later than December 5th, 2010.
 - Taxes are included in all fees
 - Tuck and Laundry are included in Session fees
 - Please refer to the Information Package & Program Guide for any questions regarding Refund & Cancellation Policy, Program Expulsion Policy, Property Damage, Theft & Loss Policy, Promotional Material Policy, Family Discounts, Transportation, Changeover, and Camp Programs.

Payment Information

Total Session Fees	+ \$
Additional Program Fees	+ \$
Transportation Cost	+ \$
Camp Clothing	+ \$
Family Discount <small>(See page 2 of Registration Information)</small>	- \$
Subtotal	= \$
Donation to Cooch	+ \$
Donations over \$20.00 will be mailed a charitable receipt. Thank you for your support! <input type="checkbox"/> Building Fund <input type="checkbox"/> Directors Fund <input type="checkbox"/> Camperships	
Total Camp Fees	= \$

Payment Method

Cheques, Money Order
Please make cheques payable to Epilepsy Ontario

Full Payment

Deposit and post-dated cheques
(Cheques must accompany this form dated no later than April 9th, 2011)

Credit Card (Payment in full only)

Card Holder: _____

Card Number: _____

Expiry Date: ___(M) ___(Y) VISA
 MasterCard

Please see the full descriptions of the interest sessions in the green Information and Program Guide.

Activity Information

Please select your interest sessions from the list below <small>*We suggest campers choose a minimum of one Instructional Session* I = Instructional R = Recreational</small>				Interest Session Selection Please rank in order of interest...
Inst. Swim (I)	Turf (R)	Fine Arts (I)	Arts & Crafts (R)	#1
Sailing (I)	Surf (R)	OLS (I)	Racquet Sports (R)	#2
Canoeing (I)	Adventure (R)	Photography (I)	Performance Arts (R)	NEW - Senior Hang Time (R)
Kayaking (I)	Archery (R)	Guitar (I)	Dance (R)	NEW - Leadership (I)
Windsurfing (I)	Survival (R)	Sports Mania (R)	Amateur Film (R)	NEW - Cooking Cooch Style (I)

<p>Would you like a <u>48 hour phone call</u> from camp to update you on your child's progress?</p> <p>YES NO</p>
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Cooch Games Team:	I am on the _____ Team!!
Affiliation:	<input type="checkbox"/> None <input type="checkbox"/> Pathways <input type="checkbox"/> Other _____
Status:	<input type="checkbox"/> Returning Camper <input type="checkbox"/> New Camper Number of years (including this one) _____
Session attended in 2010:	<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> Month <input type="checkbox"/> Other

<p>Optional Cabin Mate Requests: Write the names of your cabin mate requests in the space below. Both campers must request each other to ensure placement is made.</p>
#1
#2
#3

Authorization - Please check all boxes prior to signing

In registering and permitting my child(ren) _____, _____, _____, _____ to attend Camp Couchiching, I the undersigned parent, guardian, or other duly authorized party, hereby agree as follows:

- To permit my child(ren) to participate in the full range of Camp activities and authorize the Camp Director and/or his appointee of Staff, in the event of accident, injury, or illness affecting the above named campers, to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as he/she may deem essential for the care and well-being of the said campers. Such action is to be taken only when immediate contact with the undersigned cannot be made. Insert any qualifications of the camp's authority as set out above or any medical limitations here: _____
- I have enclosed a photo of each camper with my registration form.
- I understand and agree to all of Camp Couchiching's policies and procedures as outlined in the Information Package and Program Guide
- I understand and am giving permission for Camp Couchiching to use images of my child(ren) for camp related programs and promotions. This includes, but is not limited to: slide shows, camp presentations, website images, plaques, and promotional material.
- I hereby give authority to transmit health information for the above campers for the purpose of sharing the health information provided with health care professionals, necessary institutions and Camp Couchiching staff.

Date: _____ Print Name: _____ Signature: _____ Relationship to camper(s): _____

	<p>Camp Couchiching 3990 Longford Mills Road Longford Mills, ON, L0K 1L0 Phone: (705) 325 - 3428 Fax: (705) 325- 7001 Email: info@campcouchiching.com</p>	
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