



Cedar Ridge Camp
2012

Camper Information:

Camper Name: _____	Preferred Name: _____
Date of Birth: _____ <small>DAY MONTH YEAR</small>	Gender: _____
Home Address:	
Street Address _____ Apt # _____	
City _____ Province/State _____ Postal/Zip Code _____ Country _____	
Email: _____	
School: _____ Grade(as of Sept 2012): _____	

Session Preference: (please check one)

	<input checked="" type="checkbox"/> July Sessions:		<input checked="" type="checkbox"/> August Sessions:	
	1 Month	July 2 – July 28	\$ 2900	
	2 Weeks –A	July 2 – July 15	\$ 1600	
	2 Weeks - B	July 15 – July 28	\$ 1600	

All prices are subject to 13% HST

Parent/Guardian Information:

In the case of separation or divorce, please indicate with whom the camper lives and who should be our primary contact.

<input checked="" type="checkbox"/> Invoice this parent/guardian	<input checked="" type="checkbox"/> Contact this parent/guardian in case of an emergency
Parent/ Guardian: _____ <small>Title Surname Given Name</small>	Relationship to camper: _____
Home Phone #: _____	Cell Phone: _____ Alt. Phone: _____
Email : _____	
Home Address:	
Street Address _____ Apt # _____	
Same as camper City _____ Province/State _____ Postal/Zip Code _____ Country _____	
<input checked="" type="checkbox"/> Invoice this parent/guardian	<input checked="" type="checkbox"/> Contact this parent/guardian in case of an emergency
Parent/ Guardian: _____ <small>Title Surname Given Name</small>	Relationship to camper: _____
Home Phone #: _____	Cell Phone: _____ Alt. Phone: _____
Email : _____	
Home Address:	
Street Address _____ Apt # _____	
Same as camper City _____ Province/State _____ Postal/Zip Code _____ Country _____	

Summer Contact: _____

Please provide us with a summer phone number if applicable. Please indicate which parent/guardian can be reached at this number.



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Transportation:

\$50 (+HST) *each way* for camp bus/airport transportation

To Camp		From Camp	
Bus from Toronto	✓	Bus to Toronto	✓
Toronto Airport Transportation* to Camp		Toronto Airport Transportation* from Camp	
Own Transportation		Own Transportation	

*Please attach a copy of flight information where applicable

How did you hear about Cedar Ridge Camp? _____

Payment:

A \$100 deposit is required at the time of registration. This deposit is non-refundable. If withdrawal from the camp session occurs on or before April 1, 2012, all amounts paid, other than the non-refundable \$100.00 will be refunded. No refund of camp fees will be made after April 1, 2012. The balance of camp fees is due and payable before May 1, 2012.

Tuck shop purchases, medical expenses, and other incidental costs may be billed to your account and invoiced at the end of the session.

Payment plans are available upon request. Please contact the camp office to make arrangements.

Terms and Conditions:

I approve my child's participation in all of the camp's activities, unless I have otherwise advised Cedar Ridge Camp in writing. I acknowledge that such participation involves risks and hazards incidental thereto. I agree to release and indemnify Cedar Ridge Camp Inc. and its officers, directors, employees and agents of all liability arising therefrom, except such as shall arise solely as a consequence of its or their willful negligence or willful default. I grant Cedar Ridge Camp Inc. permission to use any photos taken of my child in their promotional materials.

Dismissal: THE CAMP DIRECTOR HAS THE DISCRETION TO DISMISS THE CAMPER IN THE EVENT THAT THE CAMPER BREACHES CAMP CODE OF CONDUCT. THERE WILL BE NO REFUNDS OF FEES UNDER ANY CIRCUMSTANCES OF DISMISSAL.

Signature of Parent/Guardian

Date



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MEDICAL FORM

Camper Information:

Camper Name: _____	Preferred Name: _____
Date of Birth: _____	Gender: _____
DAY MONTH YEAR	
Home Address:	
Street Address _____	Apt # _____
City _____	Province/State _____
Postal/Zip Code _____	Country _____

Medical Information:

Ontario Health Card (OHIP): _____	Version Code _____
Other Insurance Coverage:	Name of Carrier _____
<small>If insurance coverage is NOT indicated, any medical expenses for services rendered by the hospital/physician will be billed to you directly.</small>	Policy Number _____
Family Physician: _____	Phone Number: _____

Emergency Contacts:

Name _____	Phone Number _____	Relationship to Camper _____
Name _____	Phone Number _____	Relationship to Camper _____
Name _____	Phone Number _____	Relationship to Camper _____

Dietary Requirements:

Please list any dietary requirements that your child may have including, but not limited to:

Food allergies
 Lactose Intolerance
 Vegetarian

Please describe as necessary:

Immunizations:

Please check that your child's immunizations are current, and provide the date for the following:

Diphtheria	Pertussis	Polio	Measles	Tetanus



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QUESTIONNAIRE

Camper Name: _____
Session: _____

Preferred Name: _____

PART 1: This side of the form is to be completed by the parent/guardian. Please be candid and provide examples where appropriate. The more information we have regarding your child, the more we can prepare our staff and tailor our program to provide the best camping experience for your child. Please attach additional pages as necessary.

Why are you sending your child to camp?

In your opinion, what are your child's thoughts about coming to camp this summer? (Does he or she appear to be anxious, excited, hesitant, etc.)

What skills would you like your child to learn while at camp?

- | | | |
|--|-----|----|
| Has your child ever been away from home? | Yes | No |
| If yes, were there ever any problems while away? | Yes | No |
| Do you anticipate that your child could be homesick? | Yes | No |
| Has your child ever had a problem with bullying? | Yes | No |
| Have there been any major changes in your child's life in the past year?
(This may include incidents such as separation/divorce, moving, death, etc.) | Yes | No |
| Has your child had difficulties making new friends? | Yes | No |

If you have indicated 'yes' to any of the above, please elaborate.

Is there anything else that we should know that could contribute to the success of your child's camp experience?



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PART 2: This side of the form is to be completed by the camper.

This is my ___ year at Cedar Ridge Camp.

What are your feelings about coming to Cedar Ridge Camp this summer?

Which 3 activities are you most looking forward to?

Which activities are you *least* looking forward to, and why?

How do you feel about going on a canoe trip?

What would you look for in a really good counselor?

What are your hobbies and interests? _____

Do you have any cabin mate preferences? _____

Please read the code of conduct included in your registration package.

By signing below, you understand and accept the rules as outlined in the Cedar Ridge Camp Code of Conduct. Failure to adhere to these rules this could be sufficient grounds for immediate dismissal with no refund of fees.

WE RELY 100% ON TRUST AT CEDAR RIDGE CAMP.

Signature of Camper

Date

ACKNOWLEDGEMENT: I acknowledge having reviewed the camper information form and all other information with my child and agree to the conditions contained in this form.

Signature of Parent/Guardian

Date