

Camp Week and Date:

Session Name (circle one): Jump Start Out There Junior Senior

Camper Name: _____ Male Female

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: () _____

Birth Date: dd/mm/yyyy

Grade (as of Fall 2017): _____

Tshirt size: Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL

Parents/Guardians listed below have exclusive access to the Named Camper's information.

Parent/Guardian 1 Name: _____

Email: _____

Phone (h): () _____ Phone (w): () _____

Phone (c): () _____

Address (if different from camper): _____

City: _____

Province: _____ Postal Code: _____

Parent/Guardian 2 Name: _____

Email: _____

Phone (h): () _____ Phone (w): () _____

Phone (c): () _____

Address (if different from camper): _____

City: _____

Province: _____ Postal Code: _____

Emergency Contact (list someone other than Parent or Guardian listed above)

Name: _____ Relationship to Camper: _____

Email: _____

Phone (h): () _____ Phone (w): () _____

Phone (c): () _____

Cabin Buddy Request - Max. 1 N.B. Both campers must make the request, be of the same age and be enrolled in the same session.

Junior & Senior Camp Sessions

Regular fee* \$615.00 + HST [Total cost* \$900.00 + HST]

Junior Camps | ages 8-11 | co-ed and single gender

Senior Camps | ages 11-14 | co-ed and single gender

Week 1 | July 9-15 | coed

Week 2 | July 16-22 | coed

Week 3 | July 23-29 | girls only

Week 4 | July 30- August 5 | boys only

Week 5 | August 6-12 | coed

Week 6 | August 13-19 | coed

Week 7 | August 20-26 | coed

Jump Start | Age 7-9 | co-ed

Regular fee* \$395.00 + HST [Total cost* \$511.55 + HST]

Jump Start 1 | July 9-12

Jump Start 2 | August 20-23

Bridge Stayover Camps

Cost \$75.00 + HST

Coed Bridge | July 15-16

Girls' Bridge | July 22-23

Boys' Bridge | August 5-6

Co-ed Bridge | August 12-13

Co-ed Bridge | August 19-20

Intended for those staying for two consecutive weeks, Bridge Stayover Camps combine fun programming with more laid-back activities to allow kids to recharge before their second week at camp. Bridge campers also have the option of signing up to receive a laundry service (\$5 per load, washed & dried)

Out There Adventure Trips

Regular Fee* \$665.00 + HST per person [Total Cost* \$950.00 + HST]

Father & Son Canoe Trip | Week 5 | fathers & sons | ages 8 & up | August 9-13

Venture Canoe Trip | Week 6 | co-ed | ages 14-17 | August 13-19

Explorer Boys' Canoe Trip | Week 7 | BOYS | ages 12-14 | August 20-26

Camper fees have long been subsidized by a very faithful and generous supporting community to help make camp more affordable for families. As we seek to be good stewards of this organization's resources we feel it is important for families to know the total cost of one week at IAWAH. We are providing families with the option of providing payment of the total cost; however, this option is **completely voluntary.*

Is this your son/daughter's first time at IAWAH Summer Camps ?

- NO** – Last attended: Last year 2 years ago 3 years ago More than 3 years ago
- YES** – I heard about IAWAH from: Church School Internet Advertising Other: _____
- Friend (please specify): _____

Senior Camp Activity Choices

Campers attending Senior aged camps can register for either two "classic" camp activities for their morning instructional periods, or one "focus" activity. All activities are filled on a first-come first-served basis. While at camp, campers also sign up daily for recreational activities giving them the ability to try out different activities throughout the week. Requests to change instructional activity choices can be made up to seven (7) days before the camper arrives at IAWAH. Requests can be made by contacting the Registrar (registrar@iawah.com).

Classic Activities

Classic Instructional activities run daily for one hour and have no additional fees. Campers choose four (4) and are placed in two (2) of these. **Archery, Canoeing, Climbing (Weeks 3 & 4 only), Crafts, Digital Photography (indicate if you will bring your own camera or use an IAWAH camera), Drama (Week 3 only), Fishing, Kayaking/StandUp Paddleboarding (SUP), Mountain Bikes (Weeks 3 & 4 only).**

1. _____ 3. _____
 2. _____ 4. _____

Focus Activities

Focus activities run for two hours daily and have additional fees. Some Focus activities include a day trip or an overnight trip off-site.

Fees: Bikes: \$50.00 | Bronze Star & First Aid (LSS): \$100.00 (must register for both Weeks 1 & 2) | Climbing: \$50.00 | Encounter Canoe Trip (2-night): \$50.00 | **NEW!** Queen's University -Science Quest Program \$50.00 | Ski & Board: \$100.00 | Wilderness: \$25.00. *All fees subject to HST.*

- Week 1** Bikes Bronze Star & First Aid (LSS) Climbing Ski & Board Wilderness
- Week 2** Bikes Bronze Star & First Aid (LSS) Climbing Ski & Board Wilderness
- Week 3** Encounter Canoe Trip (2-night) Science Quest Ski & Board
- Week 4** Encounter Canoe Trip (2-night) Science Quest Ski & Board
- Week 5** Bikes Climbing Ski & Board Wilderness
- Week 6** Bikes Climbing Ski & Board Wilderness
- Week 7** Bikes Climbing Ski & Board Wilderness

MEDICAL INFORMATION:

Camper Name: _____

Health Card Number _____ Version Code: _____

Expiry Date *yyyy-mm-dd* _____

Medication: All medications must arrive at Camp in original containers and clearly labeled by the manufacturer or pharmacist including Doctor's orders. List all medications, dose and frequency, and reason for taking.

Can the Camper take Tylenol (acetaminophen) if needed? Yes No

Can the camper take Advil (ibuprofen) if needed? Yes No

Allergies: Does the Camper have any allergies to foods, medications, anaesthetic or environment? List known reactions-please attach as necessary:

Dietary Needs: Does the camper have any food restrictions (*i.e.* vegetarian). Please do not list likes or dislikes.

Activities: Does the camper have any restrictions?

Is the camper immunized? Yes No

Are all immunizations up to date? Yes No

Other Conditions or Needs: Does the camper have a history of any physical, emotional, psychological, or social conditions that may affect participation or cabin relationships? This information is used only on a need-to-know basis by the directorial, medical, and cabin staff. Please explain any such conditions and how best to meet the camper's needs on an attached sheet of paper.

PLEASE ATTACH A LETTER FROM YOUR PHYSICIAN EXPLAINING ANY SERIOUS MEDICAL/ ALLERGIC CONDITIONS.

Physician Name: _____ Phone () _____

COST CALCULATION

\$ _____ Camp Fee (enter Regular Fee OR Total Cost)

\$ _____ Bridge Stayover Fee (\$75); Add Laundry \$4.43/load for Bridge Campers only

\$ _____ Focus Activity Fee (Senior Camps only)

\$ _____ SUBTOTAL

\$ _____ Taxes (13% HST on SUBTOTAL)

\$ _____ Discounts

\$ _____ **TOTAL CAMP FEES**

\$ _____ Tuck Deposit (Limit for candy is \$3.00/day x 5 days = \$15.00)

\$ _____ Donation to CampKIDS Bursary Fund

\$ _____ Donation to General Ministry Fund

\$ _____ **TOTAL PAYABLE** by Cheque, Money Order, or Credit Card

VISA MASTERCARD

Card #: / / / / Expiry: mm / yy

Cardholder Signature: _____

PAYMENT PLANS Select one:

- Full payment enclosed (cheque, money order, credit card authorization)
- Deposit of \$100 enclosed. I will pay the balance on or before June 15, 2017 in monthly payments beginning the nearest 15th day of the month. (postdated cheque or online payment).

DISCOUNTS: There is a \$30 discount for each additional child living in the same household registered in a camping session of equal or lesser value. This discount does not apply to the first child.

BRING A FRIEND PROMOTION: Bring a friend who has never been to an IAWAH Summer Camp before and you and your friend will each receive a \$50 discount from your camp fee. Your friend must indicate your name on their registration form.

REFUND POLICY: 1. The deposit for each session (\$100 Summer Camps; \$75 Jump Start) is non-refundable unless accompanied by a note from a physician in which case a \$30 administrative fee is assessed. 2. The balance of the fee is refundable up until the 7 days prior to the beginning of camp. 3. Less than 7 days before of the beginning of camp, the balance of the fee is transferable to another session or IAWAH event for a member of the same household that takes place prior to September 30, 2018. Amounts not used by this date will be forfeited. 4. No refund will be made for late arrivals, early departures or dismissal due to disciplinary action.

COMMUNICATION OF INFORMATION

Information is normally sent to the Camper c/o the Parent/Guardian using the Parent contact information (emails will be sent to parent email when applicable). By registering you are automatically included in all camper related mailings (brochures and promotion of IAWAH Camping Events throughout the year). I would also like to receive the IAWAH Update quarterly newsletter.

STATEMENT OF UNDERSTANDING

PRIVACY: Camp IAWAH will only use personal information collected for the purposes of IAWAH. Personal information will not be given to any third party without acquiring consent. **DISMISSAL:** Camp IAWAH reserves the right to dismiss the Named Camper who, in the opinion of the Camp, is a hazard to the safety and rights of others, or appears to have rejected the reasonable controls of the Camp. **CUSTODY:** The Parent/Guardian submitting this form has legal custody of the Named Camper. Conditions of custody, if applicable, are enclosed including a photocopy of the section of any court order referring to visitation rights. **PROMOTIONAL MATERIALS:** Camp IAWAH and any third party authorized by IAWAH may use any photo, video, or recording of the Named Camper in IAWAH authorized materials. Campers will not be identified. **ACTIVITIES:** Some Camp activities may occur off IAWAH Property and the Named Camper may fully participate in such activities. **LOST ITEMS:** IAWAH is not responsible for personal items that are lost, stolen or damaged. **MEDICAL TREATMENT:** Every Camper must have a valid health insurance (Ontario Health Insurance or equivalent). The Parent/Guardian

gives permission for the physicians and nurses selected by Camp IAWAH to assess and give medical treatment, including prescriptions, when necessary to the Named Camper. In the event that the Named Camper requires special medication, x-ray or other treatment beyond that which is available at Camp, the Parent/Guardian will be notified and is responsible for any transportation and medical care expense. In the event of surgical or medical emergency and the Parent/Guardian is not immediately available for consultation, Camp IAWAH has permission to secure proper treatment for the Named Camper. This treatment may or may not include hospitalization, injections, IV therapy, anaesthesia or surgery. **WAIVER:** Every precaution is taken for the safety and good health of IAWAH campers. In the event of an accident or sickness, Camp IAWAH (known corporately as IAWAH Christian Ministries) and its Camp Directors and Staff are hereby released from any liability. **DUTY TO INFORM:** It is the responsibility of the Parent/Guardian to ensure that IAWAH is informed of any information that may be necessary for the safety and rights of the Named Camper as well as the safety and rights of all other campers and staff.

I have read and understood the above Statement of Understanding and agree to its terms and conditions:

Parent/Guardian Name: _____

Signature: _____

Date: _____