

2018 REGISTRATION FORM | Please complete one form per camper. WESTPORT DAY CAMP@ IAWAH *Register online @ www.iawah.com*

Camp Week and Date: July 23-27, 2018

Session Name (circle one): Day Camp -- for grades 1-6

Camper Name: _____ Male Female

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: (_____) _____

Birth Date: dd/mm/yyyy

Grade (as of Fall 2018): _____

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): (_____) _____

MEDICAL INFORMATION:

Camper Name: _____

***** HEALTH INSURANCE COVERAGE IS REQUIRED FOR ALL PARTICIPANTS *****

Only those not covered by Ontario's Health Insurance Plan are required to provide proof of insurance.

Is the Named Camper currently covered by OHIP? Yes No

If "no," a copy of the camper's medical insurance MUST be attached to cover any medical care outside of camp.

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:

Day Camp Fees

Cost per child for the full week is listed below. No discounts available for missed days. Maximum cost per week per family is \$150. Costs include 13% HST.

Child 1 | \$75.00

Child 2 | \$50.00

Child 3 | \$25.00

Child 4 & Subsequent Children | no charge

Do you require bus service for this camper?

NO – I will drop off and pick up the registered camper directly at IAWAH (Drop off - 9:00a; Pickup - 4:00p)

YES – I will drop off and pick up the registered camper at Westport Free Methodist Church in time for the 8:30a departure and 4:30p arrival

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

NO – Last attended:

Last year

2 years ago

3 years ago

Greater than 3 years ago

YES – I heard about IAWAH from:

Church School Advertising Internet

Friend (please specify): _____

Other: _____

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.

COST CALCULATION

\$ _____ Camp Fee

VISA MASTERCARD

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

Cardholder Signature: _____

PAYMENT OPTIONS Select one:

- Full payment enclosed (cheque, money order, credit card authorization)
- Deposit of 20 % enclosed. I will pay the balance on or before June 15, 2018 in monthly payments beginning the nearest 15th day of the month. (postdated cheque or online payment).

REFUND POLICY: 1. The deposit for each session is non-refundable unless accompanied by a note from a physician in which case a \$10 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, 2019. 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 add my email address to the "Friends of IAWAH" mailing list to receive occasional updates and promotions.

STATEMENT OF UNDERSTANDING

PRIVACY: IAWAH ("the Camp") 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:** 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:** 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 per-

mission for the physicians and nurses selected by 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, 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, 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: _____