

# 2019 REGISTRATION FORM SUMMER CAMPS

Please complete one form per camper.  
Register online @ [www.iawah.com](http://www.iawah.com)

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 completed (as of June 201+): \_\_\_\_\_

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** Note: Both campers must make the request, be of the same age and be enrolled in the same session.

## Junior & Senior Camp Sessions

Regular fee\* \$650.00 + HST [Total cost\* \$975.00 + HST]

Junior Camps | completed gr. 3-4

Senior Camps | completed gr. 5-8

- Week 1 | July 7-13 | coed
- Week 2 | July 14-20 | coed
- Week 3 | July 21-27 | girls only
- Week 4 | July 28- August 3 | coed
- Week 5 | August 4-10 | coed
- Week 5 | August 4-10 | **NEW!** Boys Adventure Camp | boys only
- Week 6 | August 11-17 | coed
- Week 7 | August 18-24 | coed

**Jump Start** completed gr. 1-2; minimum age 6 by beginning of camp

Regular fee\* \$410.00 + HST [Total cost\* \$615.00 + HST]

- Week 1 | co-ed | July 7-10
- Week 3 | girls only | Jul 21-24
- Week 4 | co-ed | July 28-31
- Week 7 | co-ed | August 18-21

## Bridge Stayover Camps

Cost \$75.00 + HST

- Co-ed Bridge | July 13-14
- Girls' Bridge | July 20-21
- Girls' Bridge | July 27-28
- Co-ed Bridge | August 3-4
- Co-ed Bridge | August 10-11
- Co-ed Bridge | August 17-18

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). **\*Please note: Bridge programs may be cancelled in the case of insufficient enrollment.**

**RISE** completed gr. 8

2 wk Regular fee\* \$1300.00 + HST [Total cost\* \$1950.00 + HST]

1 wk Regular fee\* \$650.00 + HST [Total cost\* \$975.00 + HST]

- Weeks 1+2 | co-ed | July 7-20\*\*
- Week 7 | coed | August 18-24

\*\*Focus programs available to RISE Week 1 & 2 participants during the first week of the program only. Focus programs are not available to RISE Week 7.

\*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

*ET@AD53? BA@X*. The two morning activities are more instructional in nature. Campers may choose to pre-register here for one of our popular Focus activities (two hours in length), These activities fill up quickly, so register soon. Campers may instead choose to sign up at camp daily for their morning activities. Some of the activities will offer a designated day of skill focus, but mostly these will function as recreational periods. Focus activities are not available for Boys' Adventure Camp (Week 5)

**Do you wish to sign up for your morning activities each day (no charge)?**

Yes  No

**If no, please select the Focus program of your choice, at right.**

## Focus Activities

Focus activities run for one to two hours daily; some have additional fees. A ^SUF[h[f[V&fS] Wb'SUMa` e[fVZ

**Fees:** 3dLZVtk (1hr), ` a LZSdVW Bikes (1hr): ` a LZSdVW 5S] WTS] [ Y (2 hrs), "\$ Z" n Climbing (1hr): ` a LZSdVW Rockets & Projectiles (2hrs): \$50.00 | Ski & Board (2hrs): \$100.00 *All fees subject to HST.*

- Week 1  3dLZVtk  Bikes  5S] WTS] [ Y  Climbing  Ski & Board
- Week \$  3dLZVtk  Bikes  5S] WTS] [ Y  Climbing  Ski & Board
- Week %  3dLZVtk  5S] WTS] [ Y  Climbing  DaU] WVe` Bch VUf[VVe  Ski & Board
- Week &  3dLZVtk  Bikes  DaU] WVe` Bch VUf[VVe  Ski & Board
- Week '  3dLZVtk  Bikes  Climbing  Ski & Board
- Week (  3dLZVtk  Bikes  Climbing  Ski & Board
- Week )  3dLZVtk  5S] WTS] [ Y  Climbing  Ski & Board

### 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.

\_\_\_\_\_

\_\_\_\_\_

Does IAWAH's medical staff have your permission to administer the following non-prescription medications to your child, according to the package instructions, camper's age and weight as required? *Note: it is within a registered nurse and doctor's scope of practice to administer non-prescription medications without parental permission.*

Tylenol (acetaminophen) <input type="radio"/> Yes <input type="radio"/> No	Advil (ibuprofen) <input type="radio"/> Yes <input type="radio"/> No
Antibiotic ointments or drops (i.e. Polysporin) <input type="radio"/> Yes <input type="radio"/> No	Antihistamine <input type="radio"/> Yes <input type="radio"/> No
Gastrointestinal (i.e. Gravol, Peptobismol) <input type="radio"/> Yes <input type="radio"/> No	Antacid (i.e. Tums, Maalox) <input type="radio"/> Yes <input type="radio"/> No
	Throat lozenges <input type="radio"/> Yes <input type="radio"/> No
	Cough & cold medicine <input type="radio"/> Yes <input type="radio"/> 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.

\_\_\_\_\_

Is camper immunized?  Yes  No  
Are all immunizations up to date?  Yes  No

**Other Needs:** *Providing complete and accurate information about your camper's needs allows IAWAH staff to adequately assess whether or not the Camp can safely provide for your camper's needs. Campers whose condition (medical, physical or behavioural) upon arrival at camp is significantly different as is disclosed in this form may be denied admission.*

Is camper diagnosed with a condition that impacts learning?  Yes  No  
Is camper diagnosed with a psychiatric issue (depression, ODD, etc.)?  Yes  No  
Does camper have any emotional health issues?  Yes  No

*If yes to any of the above questions, explain and provide suggestions on how best to facilitate your camper's participation at camp. Attach additional page(s) as necessary.*

\_\_\_\_\_

\_\_\_\_\_

### 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, 2019 in monthly payments beginning the nearest 15th day of the month. (postdated cheque or online payment).

**DISCOUNTS:** There is a \$50 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.

**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, 2020. 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: \_\_\_\_\_