

# 2019 REGISTRATION FORM | Please complete one form per camper.

## WESTPORT DAY CAMP@ IAWAH Register online @ [www.iawah.com](http://www.iawah.com)

Camp Week and Date: July 22-26, 2019

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 June 2019): \_\_\_\_\_

*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.

\_\_\_\_\_

\_\_\_\_\_

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

**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  More than 3 years ago

**YES** – I heard about IAWAH from:

Church  School  Advertising  Internet

Friend (please specify): \_\_\_\_\_

Other: \_\_\_\_\_

**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 the 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

VISA  MASTERCARD

Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry: m m / y y

Cardholder Signature: \_\_\_\_\_

**PAYMENT OPTIONS Select one:**

- Full payment enclosed (cheque, money order, credit card authorization)
- Deposit of 20 % enclosed. I will pay the balance in two monthly payments: May 15 & June 15, 2019. (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, 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.

**PHOTO CONSENT AND PROMOTIONAL MATERIAL**

IAWAH's Statement of Understanding reads in part:

**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.

Please circle the appropriate option:

I GRANT // I DO NOT GRANT

permission for a photo/image that includes the Named Camper to be viewed in a slide show at the last day's closing celebrations.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_