

ARROWHEAD CAMP

APPLICATION FORM 2012



Please enroll: _____ Gender: Male Female
(camper's last name, first name)

Date of Birth: _____ Health Card Number: _____
(year) (month) (day)

Camper mailing address: _____

City: _____ Province: _____ Postal Code: _____ Telephone number: _____

Camper lives with: Both parents ; Mother ; Father ; Guardian

Mother's name: _____ home phone: _____ business phone: _____

Cell Phone: _____ home email: _____

Address (If different than camper): _____

Father's name: _____ home phone: _____ business phone: _____

Cell Phone: _____ home email: _____

Address (If different than camper): _____

School camper attends: _____ Present grade: _____

Name and address for billing (if different than above): _____

Is there anything in particular we should know about your child? (i.e. Allergies, medical problems, custody rights etc.)

Please indicate if your child would like to be in the same cabin with a friend (we can only accommodate requests if they are within ONE calendar year in age).

How did you hear about Arrowhead Camp? _____

If you have friends or relatives who would like to receive Arrowhead Camp information, please list their names and addresses here.

Applicants for the Leader In Training (LIT) program: please note that the LIT must be 16 by Dec 31 2012. The process for applying for either the July or August program includes completing this application form, including a resume and cover letter and paying the deposit. All applicants are processed on Nov 1st and the successful candidates will be notified by Dec 1 2011. The program is limited to 20 LITs (10 girls and 10 boys) per session.

2012 CAMP SESSIONS

PLEASE SELECT WHICH SESSION(S) YOU WOULD LIKE FOR 2012	Please Check <input checked="" type="checkbox"/>	Session #	Dates	Age	# of Weeks	Priority Booking Fee Includes HST plus \$10 per week nonrefundable camper bank credit. Payment in full expires Nov 1 2011	Early Bird Rate Includes HST Before Nov 1 st	Total Fee Includes HST (after Nov 1 st)
	<input type="checkbox"/>	1	July 1-14	6-16	2	\$1610.25	\$1666.75	\$1723.25
	<input type="checkbox"/>	1A	July 1-7	6-16	1	\$751.45	\$807.95	\$864.45
	<input type="checkbox"/>	1A Canoe Trip	July 1-7	13-16	1	n/a	n/a	\$904.00
	<input type="checkbox"/>	1B	July 8-14	6-16	1	\$751.45	\$807.95	\$864.45
	<input type="checkbox"/>	2	July 15-28	6-16	2	\$1610.25	\$1666.75	\$1723.25
	<input type="checkbox"/>	3	July 29-Aug 11	6-16	2	\$1610.25	\$1666.75	\$1723.25
	<input type="checkbox"/>	1 & 2	July 1-28	6-16	4	\$3243.10	\$3299.60	\$3356.10
	<input type="checkbox"/>	2 & 3	July 15-Aug 11	6-16	4	\$3243.10	\$3299.60	\$3356.10
	<input type="checkbox"/>	1 & 3	July 1-14 & July 29-Aug 11	6-16	4	\$3243.10	\$3299.60	\$3356.10
	<input type="checkbox"/>	1, 2 & 3	July 1-Aug 11	6-16	6	\$4616.05	\$4672.55	\$4729.05
	<input type="checkbox"/>	4	Aug 12-18	6-16	1	\$751.45	\$807.95	\$864.45
	<input type="checkbox"/>	5	Aug 19-25	6-16	1	\$751.45	\$807.95	\$864.45
	<input type="checkbox"/>	5 Canoe Trip	Aug 19-25	13-16	1	n/a	n/a	\$904.00
	<input type="checkbox"/>	Junior Camp A	Aug 19-22	5-10	4 days	n/a	\$375.73	\$435.22
	<input type="checkbox"/>	Junior Camp B	Aug 22-25	5-10	4 days	n/a	\$375.73	\$435.22
<input type="checkbox"/>	July LIT	July 1-28	16	4	n/a	n/a	\$2463.40	
<input type="checkbox"/>	August LIT	July 29-Aug 25	16	4	n/a	n/a	\$2463.40	

Please Check <input checked="" type="checkbox"/>	Program Options	Fee (HST Included)
<input type="checkbox"/>	Horseback Riding (four, two hour lessons) Sessions 1, 2 and/or 3	\$161.59
<input type="checkbox"/>	Horseback Riding (two, two hour lessons) Session 4 only	\$82.49
<input type="checkbox"/>	Algonquin Park Trip (not available in Session 4, Session 5 or LIT)	\$144.08
<input type="checkbox"/>	Toronto Bus to Camp	\$73.45
<input type="checkbox"/>	Bus to Toronto	\$73.45
<input type="checkbox"/>	Round Trip Bus to Camp and return to Toronto	\$118.65
<input type="checkbox"/>	Ottawa Bus to Camp	\$84.75
<input type="checkbox"/>	Bus to Ottawa	\$84.75
<input type="checkbox"/>	Round Trip Bus to Camp and return to Ottawa	\$152.55

A discount of \$50.00 is applied for each additional sibling attending Camp for two or more weeks. A Discount of \$25.00 is applied to each additional sibling attending Camp for one week. To receive the Early Bird Discount of \$50 per applicant applications must be received by November 1, 2011.

Priority Booking Option:

Receive a \$100 discount per camper, plus a \$10 nonrefundable camper bank credit per camper week, if the camp fee is paid in full and received by November 1st 2011.

Note: Early Bird/Priority booking is not applicable to the LIT Program
GST #88878 0756 RT0001

REFUND POLICY

Your deposit, less \$100.00 administration fee plus 13% HST will be returned if withdrawal is made before May 1, 2012. The balance of the fee is due May 1, 2012. There is no reduction or refund in fee for late arrival, early departure or cancellations for any reason after May 1st 2012 unless there is a family emergency or a documented medical reason.

CONDITIONS OF ENROLLMENT

All three conditions must be signed.

CAMP PICTURES

Please sign below to grant Arrowhead Camp permission to use camp pictures containing your child in promotional materials (brochures, camp newsletters, web sites, camp fair displays, videos, etc.) Names are not used.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CAMP PROGRAM & HEALTH CARE

I desire my child to participate in the full camp program and all activities unless I advise you otherwise in writing. I agree that, having taken such precautions as in your discretion are deemed advisable, you shall not be held responsible for any accident or sickness of my child. To the best of my knowledge, my child is in good health. If there is exposure to any infectious disease and/or any change in my child's condition prior to attending camp, I will notify the camp in writing. If, for any reason, my child requires medical attention or special medication beyond that furnished by the camp, I agree to be responsible for any expenses incurred. In the event of an emergency, I authorize you to take whatever steps may be deemed necessary.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CONDITIONS OF ENROLLMENT

I understand that my child will participate in the full program and all activities unless I advise the Camp otherwise in writing at the time of application. I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp as set out in the Code of Conduct in the Final Instructions package (available in the Spring on our website). I also understand that Arrowhead Camp cannot guarantee my child's cabin mate request if they are not registered for the same length of time or are not within a year of each other in age.

I have read all the conditions of enrollment and I accept the terms as described and I understand the refund policy for Arrowhead Camp.
SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PRIORITY PAYMENT OPTION (EXPIRES NOVEMBER 1ST 2011)

Please indicate preferred payment method for payment in full

- Enclosed cheque or money order in Canadian Funds made payable to Arrowhead Camp
- VISA Number: _____ MasterCard Number: _____

Expiry Date: _____ Name on Card: _____

VISA or MasterCard Signature _____

PAYMENT OPTION 2

Balanced Payment Plan: Please charge my Camp fees to the credit card listed below beginning the month I register and concluding on July 1st 2012. There is a \$100 deposit required for this plan and the 1st payment after the deposit will be applied on the 1st of the month.

- VISA Number: _____ MasterCard Number: _____

Expiry Date: _____ Name on Card: _____

VISA or MasterCard Signature _____

PAYMENT OPTION 3

PLEASE INDICATE YOUR PREFERRED PAYMENT METHOD FOR A DEPOSIT OF \$300 PER CAMPER WEEK WHICH IS PAYABLE UPON REGISTRATION

- Enclosed cheque or money order in Canadian Funds made payable to Arrowhead Camp
- VISA Number: _____ MasterCard Number: _____

Expiry Date: _____ Name on Card: _____ Amount of Payment \$ _____

VISA or MasterCard Signature _____

BALANCE OF FEES

Camp Fees are due May 1st 2012. We cannot guarantee your camper's place will be held if payment is not received by our due date.

Please fill out the following section:

- Enclosed is a post-dated cheque dated May 1st 2012, for the balance of camp fees.
- Permission is given to Arrowhead Camp to charge the balance of the Camp fee to the credit card listed above.
- Permission is given to Arrowhead Camp to charge the balance of the Camp fee to the credit card listed below.
- VISA Number: _____ MasterCard Number _____

Expiry Date: _____ Name on Card: _____ Amount of Payment \$ _____

VISA or MasterCard Signature _____

All Credit Card balance of fees payments are processed May 1st2012

Please send applications to:

Arrowhead Camp 1111 Ronville Rd RR#1 Dwight, ON POA 1H0
camp@arrowhead.on.ca www.arrowhead.on.ca Phone: 705.635.1600 Fax: 705.635.1630

ARROWHEAD CAMP CAMPER HEALTH FORM

1111 Ronville Rd., RR#1, Dwight, ON P0A 1H0 Phone 705-635-1600 Fax 705-635-1630

Session attending: _____

ATTACH COPY OF ONTARIO HEALTH CARD HERE

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

ONTARIO HEALTH CARD #: _____

NAME OF FAMILY DOCTOR _____ DOCTOR'S PHONE # _____

EMERGENCY CONTACTS

1st Emergency Contact

Full Name: _____ Relationship: _____

Work Number: _____ Home Number: _____

Cell: _____

2nd Emergency Contact

Full Name: _____ Relationship: _____

Work Number: _____ Home Number: _____

Cell: _____

MEDICAL HISTORY

If camper has had any of the following, please check (give dates if possible):

- | | | |
|--|---|--|
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Measles, red | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Measles, German | <input type="checkbox"/> Frequent earaches | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Frequent sore throat | <input type="checkbox"/> Sinus trouble |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Hayfever | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Severe stomach aches | <input type="checkbox"/> Heart condition | <input type="checkbox"/> High fever |
| <input type="checkbox"/> Whooping cough (recent) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other |

Does the camper wear contact lenses? YES NO

Has your camper menstruated? YES NO

If no, has it been discussed? _____

IMMUNIZATION

Please give most recent dates for the following immunizations:

DPT/Polio _____ Tetanus _____ Measles _____

ALLERGIES

Please list any allergies to food, drugs, bee stings, etc:

*** If camper has a SEVERE LIFE-THREATENING ALLERGY
TWO EPIPENS must be brought to camp***

DIETARY RESTRICTIONS

Please indicate if your camper requires vegetarian meals or has other dietary restrictions:

MEDICATION

If there is any medication to be taken at Camp, state what medication is, what it is for, and how often it is to be administered.

THIS MEDICATION MUST BE BROUGHT TO CAMP IN ITS ORIGINAL BOTTLE OR PACKAGE AND GIVEN TO THE CAMP NURSE

MEDICATION	REASON	TIMES GIVEN

TO BE SIGNED BY PARENT(S) OF CAMPER

To the best of my knowledge, my child is in good health and has not been exposed to any infectious diseases. If he/she is exposed to any infectious disease within two weeks preceding arrival at camp I understand that the camp must be notified. In case of an emergency and I/we are not available for consultation, I/we hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for my child, as named herein. I also grant permission to the Camp Nurse to administer prescription and non-prescription medications within recommended dosages if needed.

 Signature of Parent

 Date

All information is kept private and confidential and adheres to the Privacy Policies of Arrowhead Camp. No information will be disclosed to a third party unless it is of a medical necessity. If you have any concerns about the Privacy Policies of Arrowhead Camp please contact the Camp and ask to speak to the privacy officer – Patrick Birnie.