

ARROWHEAD CAMP DAY CAMP

APPLICATION FORM 2010



Please enroll: _____ Gender: Male Female
(camper's last name, camper's 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 activity group with a friend (we can only accommodate requests if they are within **ONE** calendar year in age).

Please indicate your camper's swimming ability/level? _____

How did you hear about Arrowhead Camp Day Camp? _____

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

Day time emergency contact:

Name: _____

Relationship: _____

Home phone: _____

Cell phone: _____

Arrowhead Camp 1111 Ronville Rd RR#1 Dwight ON P0A 1H0
camp@arrowhead.on.ca www.arrowhead.on.ca phone: 705.635.1600 fax: 705.635.1630

2010 DAY CAMP SESSIONS

| Please Check ✓ | Session # | Dates | Age (this calendar year) | Total Fee (taxes included) | Refund Policy There is no reduction or refund of fees for late arrival, early departure or cancellation for any reason after July 1 st 2010, unless there is a documented medical reason. An administration fee of \$20 per week applies to all cancellations. GST #88878 0756 RT0001 |
|--------------------------|-----------|----------------|--------------------------|----------------------------|--|
| <input type="checkbox"/> | 1 | July 5 - 9 | 6-14 | \$235 | |
| <input type="checkbox"/> | 2 | July 12 - 16 | 6-14 | \$235 | |
| <input type="checkbox"/> | 3 | July 19 - 23 | 6-14 | \$235 | |
| <input type="checkbox"/> | 4 | July 26 - 30 | 6-14 | \$235 | |
| <input type="checkbox"/> | 5 | August 2 - 6 | 6-14 | \$235 | |
| <input type="checkbox"/> | 6 | August 9 - 13 | 6-14 | \$235 | |
| <input type="checkbox"/> | 7 | August 16 - 20 | 6-14 | \$235 | |
| <input type="checkbox"/> | 8 | August 23 - 27 | 6-14 | \$235 | |

PLEASE INDICATE YOUR PREFERRED PAYMENT METHOD FOR PAYMENT OF FEES (PAYABLE UPON REGISTRATION)

Enclosed cheque or money order in Canadian Funds made payable to Arrowhead Camp

Please charge my:

VISA # _____

MasterCard #: _____

Expiry Date: _____

Expiry Date: _____

Name on Card: _____ Signature of cardholder: _____

CAMP PICTURES

Please sign below to grant Arrowhead Camp Day 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 on our website). I also understand that Arrowhead Camp Day Camp cannot guarantee my child's activity group request if he/she is not within a year in age of a requested activity group camper

I have read all the conditions of enrollment and I accept the terms as described and I understand the refund policy for Arrowhead Camp Day Camp.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____