

**REGISTRATION FORM for St. Vincent de Paul Camp**

**Page 1 of 3**

**Please forward completed forms to St. Vincent de Paul Camp, 80 King St. East, Chatham, ON N7M 3M8  
Phone: 519-354-1885 Fax: 519-354-0859**

Camp Date Requested: \_\_\_\_\_

Name of Camper: \_\_\_\_\_

**PAYMENT AND REFUND POLICY**

Camp fee is \$200. per week and includes tuck. A minimum deposit of \$100. must accompany registration; balance must be received by camp head office 2 weeks prior to the start of the camp week requested. Payment may be made by cheque, cash, money order, Master Card or Visa. Cancellation fee of \$15. applies if cancellation is made 5 days prior to camp week start date. After that time, there are no refunds. If sponsorship is required please contact Head Office (519-354-1885) for further information.

Deposit Amount: \$ \_\_\_\_\_ Final Payment Amount \$ \_\_\_\_\_

Payment Options:  Cheque (enclosed)  Visa  MasterCard

If paying my Mastercard or Visa:

Cardholder name: \_\_\_\_\_ Card No. \_\_\_\_\_

Expiry Date: \_\_\_\_\_

If applicable, please charge the final payment amount of \$ \_\_\_\_\_ to the MasterCard or Visa account on \_\_\_\_\_

\*Please note that the camp fee may be paid in full prior to registration.

**REGISTRATION FORM for St. Vincent de Paul Camp**

Camp Date Requested: \_\_\_\_\_

**Name of Camper:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Age as of July 1<sup>st</sup> \_\_\_\_\_

Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

***Parent/Guardian Info:***

Address: \_\_\_\_\_

Name \_\_\_\_\_

City: \_\_\_\_\_

Phone (H) \_\_\_\_\_

Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (W) \_\_\_\_\_

Cell Phone \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_

Email: \_\_\_\_\_

**Cabinmate Request:** \_\_\_\_\_

We will do our best to accommodate **ONE MUTUAL REQUEST** for campers of the **SAME AGE** if forms are received 2 weeks prior to camp date. **BOTH CAMPERS MUST REQUEST EACH OTHER ON THEIR FORMS.**

St. Vincent de Paul Camp may use photos or videos of my child for promotional purposes. **YES NO Please circle one**

**CAMP DEPARTURE**

I the parent/guardian give permission to St. Vincent de Paul Camp to release my son/daughter to the following names at departure time of the camp. Camper pickup time on Friday is at 4:00 p.m. **Photo ID will be required when picking up child.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Please indicate if there is anyone that must NOT pick up the above camper.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

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

By filling out this registration form parent/guardian acknowledges all information collected will be used for registration and health care purposes only.

(It is extremely important that this section be filled out accurately, clearly and legibly. This form will be used if campers require health care at camp)

Name of Camper \_\_\_\_\_

Health Card # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Version Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Phone number & address where parent can be reached if parent will be gone while camper is at camp:

Phone # \_\_\_\_\_ Address: \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies – Please list and describe reaction, treatment and/or prevention.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any dietary needs?

\_\_\_\_\_

Tetanus \_\_\_\_\_ date of last injection \_\_\_\_\_ (Must be within last 10 years)

Please specify any medical condition that will require monitoring at camp.

\_\_\_\_\_  
\_\_\_\_\_

Please complete (if your child has had any of the following, please circle and give approximate dates):

Chicken Pox \_\_\_\_\_ Heart Condition \_\_\_\_\_ Sore throats \_\_\_\_\_ Diabetes \_\_\_\_\_

German/Red Measles \_\_\_\_\_ Tonsillectomy \_\_\_\_\_ Epilepsy/Fainting \_\_\_\_\_ Adnoidectomy \_\_\_\_\_

Severe Stomach Ache \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Asthma \_\_\_\_\_

Colds/Ear aches \_\_\_\_\_ Sinus Trouble \_\_\_\_\_ Hay Fever \_\_\_\_\_ Mumps \_\_\_\_\_

Bedwetting \_\_\_\_\_

Disorders:

ADHD \_\_\_\_\_ ADD \_\_\_\_\_ Childhood Depression \_\_\_\_\_

Bipolar Disorder \_\_\_\_\_ Autism \_\_\_\_\_ Learning Delays \_\_\_\_\_

Other \_\_\_\_\_

If medications are brought to camp they must be in their ORIGINAL container, clearly labeled with camper name and they must be with you when you register. This includes prescription and over the counter drugs. Camp stocks only one or two brands of pain/fever control and antihistamines etc.

Can any of the above be administered if needed? YES/NO Please circle one.

PARENT/GUARDIAN PERMISSION: I declare that \_\_\_\_\_'s health is suitable for camping activities. I permit St. Vincent de Paul Camp Director and first-aid team to engage in on-site medical care as deemed necessary (including administration of medication I have brought for camper during their stay) and to use their judgment in determining the extent of immediate medical care as required for this child and to the extent of using the emergency service of a hospital. As well I agree not to hold staff or St. Vincent de Paul Camp liable for accidents or misfortune that may occur to the camper (knowing that every precaution shall be taken by staff to ensure campers' welfare and safety).

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

Camper Code of Conduct:

I, the undersigned camper, hereby agree to the following: 1. to adhere to the rules of St. Vincent de Paul Camp. 2. to respect myself, my fellow campers, the staff, the facilities and the environment. 3. St. Vincent de Paul Camp's Zero Tolerance policy towards physical and verbal aggression – any camper causing or intending to cause harm to another camper or staff member will be sent home without refund. 4. Any camper found in possession of cigarettes, drugs or alcohol will be dismissed from camp without refund.

I have read and hereby agree with the Camper Code of Conduct:

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_