

REGISTRATION FORM for St. Vincent de Paul Camp

**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
Please make cheques payable to St. Vincent de Paul Camp

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.

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REGISTRATION FORM for St. Vincent de Paul Camp

Camp Date Requested: _____

Name of Camper: _____ Male _____ Female _____

Age as of July 1st _____

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

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 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

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: _____