

2017 MARCH BREAK CAMPS APPLICATION



Participant's Name: _____

Please check the appropriate boxes below to identify which sessions you wish to attend.

	Age	5 Day Cost	March 13-17 (March Break)
MARCH BREAK CAMPS			
Discovery Camp (Full Day)	4-7	\$370	<input type="checkbox"/>
Discovery Camp (Half Day a.m.)	4-7	\$270	<input type="checkbox"/>
Arts & Media	7-15	\$370	<input type="checkbox"/>
Sports & Adventure	7-15	\$370	<input type="checkbox"/>
Science & Success	7-15	\$370	<input type="checkbox"/>

BEFORE & AFTER CAMP CARE OPTIONS			
Weekly Before Camp Care (7:30 – 9:00 a.m.)	4-15	\$25	<input type="checkbox"/>
Weekly After Camp Care (3:30 – 6:00 p.m.)	4-15	\$55	<input type="checkbox"/>
Weekly Extended Before & After Camp Care	4-15	\$65	<input type="checkbox"/>

PARENT/GUARDIAN #1:	PARENT/GUARDIAN #2:
Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Other: _____	Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Other: _____
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Home Phone: () _____	Home Phone: () _____
Business Phone: () _____	Business Phone: () _____
Cell Phone: () _____	Cell Phone: () _____
Email: _____	Email: _____

PARTICIPANT MAILING ADDRESS:

Family Parent/Guardian #1 Parent/Guardian #2

Street: _____

City: _____

Province: _____

Postal Code: _____

EMERGENCY CONTACT:

Name: _____

Relationship to Camper: _____

Home Phone: () _____

Cell Phone: () _____

Business Phone: () _____

FAMILY INFORMATION

Nationality: Canadian American Other: _____

Parents are: Married/Common Law Separated Single Divorced

Participant lives with: Both Parents Mother Only Father Only Guardian Grandparents

Are there any restrictions on either parents' or legal guardians' access/custody? Yes No

If **YES**, please detail: _____

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AUTHORIZED PICK UP LIST

In addition to parents/guardians, and the mentioned Emergency Contact, please list the names of any other local emergency contacts who can pick up your camper (nanny, grandparents, neighbours, step parents, etc.) from Camp:

NAME	RELATIONSHIP TO PARTICIPANT	CONTACT PHONE NUMBER

SELF SIGN OUT

With parent/guardian permission, campers ages 10-17 are able to sign themselves out of camp.

Would you like to authorize this permission? Yes No

PARTICIPANT INFORMATION

Last Name:	First Name:	T-Shirt Size (circle): Child S M L Adult S M L XL
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age (as of June 2017):	Birthdate (MM/DD/YYYY):
Nationality: <input type="checkbox"/> Canadian <input type="checkbox"/> American <input type="checkbox"/> Other:*	English Level: <input type="checkbox"/> Fluent <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner	

Appleby College welcomes campers from all nationalities and language groups. To allow for the safest and most positive experience for all campers, we offer specific weekly programs to international campers. To ensure that we are able to offer a genuine, Canadian camp experience to all participants, the number of international students admitted to each program is limited. All applications will be reviewed prior to confirmation, and preference for these spaces will be given to students travelling as part of an officially registered CEC (Canadian Experience Camp) group. Agents representing international campers are asked to please contact CEC@appleby.on.ca prior to application.

*An administrative fee of \$125/week will be charged for International participants.

PROGRAM SUPPORT

Do you have any concerns about your child in regard to any of the following?

Special Needs Behavioural Emotional Eating Medical Communication Social No Concerns

If you checked off any of the concerns noted above, please send an email outlining the issue to camps@appleby.on.ca.

Will your child be restricted from participating in any camp activities? Yes No

If **YES**, please explain:

HEALTH CERTIFICATION

All participants must have health insurance. Ontario residents are covered through OHIP, and should indicate their number below. If the participant is not a resident of Ontario, please indicate the insurance company and policy number below. By signing the bottom of the form, the parent/guardian indicates the applicant is in good health.

Health Card Number (*Ontario residents*):

Insurance Company (*non-residents*):

Policy Number:

Please indicate any health concerns (allergies, medical conditions, medication):

Does this participant have any food allergies or dietary restrictions? If so, please indicate and to what severity:

Appleby College cannot guarantee an allergy-free environment. All campers must be able to identify their own allergies and carry the needed medication for treatment.

PARTICIPANT REQUESTS

We will do our best to accommodate friend/family requests to be in the same group. Please list names below:

1)	2)
3)	4)

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CAMP PROGRAM FEE INFORMATION

Camp Program Fees include supervision by Appleby Camps staff, all of who are certified in Standard First Aid and CPR-C, have a police check and are extensively trained in Appleby's camp training program. All programs are led by experienced teachers and/or specially accredited head instructors. Instructor to camper ratios are 1:5 for the Discovery Camps (ages 4-7) and for all other camps the ratio is 1:8. Fees include a nutritious lunch with hot selections for all full-day programs which run from 9:00 a.m. to 3:30 p.m. and recreational swim time in the indoor pool. Appleby's scenic 60-acre lakeside campus offers outstanding academic, art and athletics facilities, both indoor and outdoor, for all its camp programs.

CHILDREN'S FITNESS & ARTS TAX CREDIT

The children's fitness tax credit and children's art credit is available for all child and youth recreational programs that meet the criteria established by the CRA. For more information, please visit www.cra-arc.gc.ca.

PAYMENT INFORMATION *(Payment is due in full upon registration)*

Participant's Name: _____

Total Payable: \$ _____ *(Cheques payable to Appleby College)*

MasterCard Visa AMEX Card Number: _____ Expiry Date (MM/YYYY): _____

Name on Card: _____ Security Code on Back of Card: _____

Signature: _____

If paying by credit card, you may register by fax at 905-845-0617 or online at www.appleby.on.ca/campbrain.

Financial information collected will only be used by Appleby College and shared with the appropriate credit card company.

WAIVER AND CONSENT

Appleby College Privacy Policy: Personal information collected for the March Break Camps will be used and held solely by Appleby College. Information is collected for the operation of the camp which includes safety and emergency purposes, and for future correspondence with camp participants, which may include information about relevant upcoming events.

Conduct: Campers are expected to demonstrate basic respect for the dignity and rights of others. The Director reserves the right to implement an established process and/or suspend and/or terminate the stay of any camper, who violates the camper Code of Conduct based on the following guidelines: zero tolerance of physical or psychological abuse/bullying; lack of respect for camp property and the property of others; behaviour that requires supervision beyond a reasonable level or behaviour deemed inappropriate by Appleby College Camp staff.

Refund Policy: Full refunds will be issued for any cancellation received 30 days prior to the first day of attendance of camp. For cancellations received 14 days prior to the first day of attendance of camp refunds will be subject to a \$100 administration fee. Requests for cancellation received within 14 days of camp start date are non-refundable (full registration fee) unless a medical certificate accompanies the request. Refunds will not be granted for inclement weather or for days of camp not attended. Appleby College Camps will do everything possible to avoid program cancellations; however we reserve the right to cancel a session of camp if the minimum enrollment is not met. In this circumstance, we will accommodate your child in an alternate program/alternate week or we will provide you a full refund at your discretion.

Media Waiver: I hereby authorize the inclusion of my child in camp photographs and video and understand that this media will be used on Appleby's web-site, social media, hosted photo galleries and other sites related to school and camp program activities. Photos and videos may also be taken at any time for print or online promotional purposes but participants will not be identified. Concerns over this policy should be reported directly to Jenny Wyatt, Appleby College's Director of Camps at campphotos@appleby.on.ca.

Medical Waiver: I, the undersigned, hereby authorize Appleby College or anyone acting on its behalf, to acquire necessary medical aid that may be required as a result of any accident or injury sustained by my child. I hereby indemnify and save harmless Appleby College from any and all actions, claims and demands for damages, loss or injury, however arising, which hereafter may have been sustained by my child while participating in the Appleby College March Break Camps.

If information submitted on this form is false, Appleby Camps has the right to remove the participant from the program.

I have read and agree to the above

Parent/Guardian #1 or Parent/Guardian #2 Signature

Date

STAY CONNECTED - STAY INFORMED

As per the Government of Canada's anti-spam legislation (CASL) Appleby Camps requires your consent in order to continue sending you information electronically about your child's camp program. By checking 'yes', you will continue to receive information regarding: urgent updates, direct access to photo galleries, special invitations, letters from the Camp Director and early registration notifications. Should you select 'no' your name will be removed from our mailing list.

Yes, keep me connected No, I do not wish to stay connected

Please fill out and return this form to: Appleby March Break Camps 540 Lakeshore Road West, Oakville, Ontario L6K 3P1
Phone: 905-845-4681 ext. 113 Fax: 905-845-0617 Email: camps@appleby.on.ca
Web: www.appleby.on.ca/camps (to register online). Contact us about team or large group discounts.

2017 MARCH BREAK CAMPS MEDICAL INFORMATION



Please print clearly on the form below, scan and email it to camps@appleby.on.ca.

APPLICANT INFORMATION

Participant Last Name:

Participant First Name:

Date of Birth (mm/dd/yyyy):

Sex: M F

MEDICAL INFORMATION

Does your participant have Provincial Health Coverage in Canada? Yes No

If yes, in which Province?

Provincial Health Card Number:

Version Code (if any):

Health Card Expiry (if any):

Medical History: Please fill in the information required as completely as possible. Appleby College does not undertake to monitor the health of its participants. This is the responsibility of the parents/guardians. However, the following information will be of assistance to Appleby College in providing emergency medical care, should such care be necessary.

Is participant anaphylactic? Yes No

Please note that all participants with a diagnosis of being anaphylactic must carry a labelled EpiPen. Labelling must be in English.

What is your participant anaphylactic to? (please check all that apply)

Eggs Soy Wheat Latex Peanuts Fish Dairy

Insect Bites and Stings. Specify: _____

Treenuts. Specify: _____

Shellfish. Specify: _____

Medications. Specify: _____

Other. Specify: _____

Does your participant have an EpiPen? Yes No

Does your participant have any allergies? Yes No

What is your participant allergic to and what is the severity? (please check all that apply)

Environmental. Specify: _____

Dust Mites

Insect Bites. Specify: _____

Pets. Specify: _____

Food. Specify: _____

Other. Specify: _____

What treatment, if any, does your participant need if exposed to the allergen?

Does your participant have asthma? Yes No

Please note if your participant has asthma, you will be contacted and asked to complete an asthma action plan.

Does your participant have any dietary restrictions? Yes No

Please note that due to kitchen limitations we are unable to accommodate Kosher. While we are a 'nut aware' campus, we cannot guarantee that we are a 'nut free' campus.

What are your participant's dietary restrictions? (please check all that apply)

Vegetarian Vegan Halal Gluten-Free Lactose Intolerant

Other: _____

Has your participant had any of the following: Kidney Disease Bleeding Disorder Heart Condition Diabetes
 Epilepsy/Seizures Depression Other

If you have checked any of the above, please explain:

2017 MARCH BREAK CAMPS MEDICAL INFORMATION



Please list **ALL** medications (including prescription and over the counter medication) your participant will be taking while attending Appleby College Camps and explain why they are prescribed for your participant.

Are there any other major health concerns (medical conditions, medications, past hospitalization, mental health, head injuries, concussions, etc.) your participant has or has had that we should be aware of to best support them while here at Appleby College:

Acknowledgement (must be answered by all parents/legal guardians): The medical information I have provided is correct and complete, in every respect, to the best of my knowledge. I agree to notify Appleby College Camps if any of the above information should change, to my knowledge, after the date hereof, or if I should discover that any information is incorrect. I agree to notify Appleby College as soon as reasonably possible, of any medical development in the health of the participant, knowledge of which would be useful to Appleby College in the running of its programs, and interest of the participant.

Signature:

Date:

Relationship to Participant:

MEDICAL WAIVER

I hereby authorize Appleby College and/or an Appleby College nurse, teacher, administrator or other employee (collectively, the "College") to provide this participant with routine first aid and authorized medication.

I further understand and agree that, in the event of an emergency, the College may provide, administer, obtain and/or authorize medical care for the participant. I understand that in the event of a serious medical problem or emergency, the College will make best efforts to contact me as soon as possible. I understand and agree that this authorization shall remain in effect for the time of the program at Appleby College. I hereby release and indemnify the College from any and all claims for damages arising from any injury to the participant as a result of any accident, illness, injury or for any other reason arising from participation in school activities.

I hereby acknowledge that any medical treatment will be performed in the Province of Ontario, and that the courts of the Province of Ontario shall have exclusive and preferential jurisdiction to entertain any complaint, demand, claim, proceeding or cause of action arising out of the medical treatment. I hereby agree that if I commence any such legal proceedings, I will do so only in the Province of Ontario, and hereby irrevocably submit to the exclusive and preferential jurisdiction of the courts of the Province of Ontario.

I hereby agree that the resolution of any and all disputes relating to or arising from this agreement and/or the interpretation thereof shall be governed by and construed in accordance with the laws of Ontario and the laws of Canada applicable therein.

Parent/Guardian Signature

Witness Signature

Date

Parent/Guardian Signature

Witness Signature

Date

Please fill out and return this form to: Appleby Summer Camps 540 Lakeshore Road West, Oakville, Ontario L6K 3P1
Phone: 905-845-4681 ext. 113 Fax: 905-845-0617 Email: camps@appleby.on.ca
Web: www.appleby.on.ca/camps (to register online). Contact us about team or large group discounts.