



Register ONLINE
www.campkahquah.com

2010 Children's Camp Application Form
Please complete a separate application form for each camper
PLEASE PRINT and COMPLETE BOTH SIDES

Camper's Name: (Last) _____ (First) _____ Male Female

Camper's Address: _____ Family Email: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (____) ____ - _____ Date of Birth: ____ / ____ / ____
Month Day Year

Father/Male Guardian's Name: _____

Phone Numbers: Home (____) ____ - _____ Business (____) ____ - _____

Mother/Female Guardian's Name: _____

Phone Numbers: Home (____) ____ - _____ Business (____) ____ - _____

Have you ever been to a Camp Kahquah summer camp program before: Yes No

Indicate ONE choice of cabin mate: _____

We will try to put friends in the same cabin, but cannot guarantee it.
Both campers must indicate that they would want to be in the same cabin

How did you first hear of Camp Kahquah?
 Friend Brochure Church Internet Other _____

Bring a Friend? _____

Let us know if you are bringing a friend to Camp this summer and it is their first time at Kahquah.
We want to share a \$5 tuck credit with you.

Home Church (if attending): _____

Please include information on Camp Financial Assistance in my acceptance package

CHILDREN'S CAMP
Check (✓) transportation mode, and if applicable, the most convenient bus stop

To Camp
 Own Vehicle
 Camp Bus
 Wainfleet
 Burlington
 King City
 Barrie

From Camp
 Own Vehicle
 Camp Bus
 Wainfleet
 Burlington
 King City
 Barrie

Disclaimer Information - Parent or Guardian Consent

- My child is in good physical and emotional health, and amendable to normal camp authority
- The Camp Director reserves the right to dismiss a camper who is, in his/her opinion, a hazard to the safety and rights of others, or appears to him/her to have rejected reasonable camp controls
- I, as a parent or guardian, have legal custody of the child applying to Camp Kahquah and if applicable have informed the camp of any conditions of custody. The signature on the registration form signifies that both parents/guardians are in agreement with the conditions of enrolment.
- Care is taken for the safety and good health of campers, but in the event of an accident or sickness, Camp Kahquah, including the Board of Directors and staff, and the owners and the employees of facilities outside of the campgrounds are hereby released from any liability. Each camper must be covered by Provincial Health Insurance or equivalent medical insurance.
- In the event that a camper requires special medication, X-ray or treatment beyond that which is available at Camp, the parents/guardians will be notified immediately and will be charged with the additional expense of transportation and special care.
- In the event of an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure treatment for, and to order injection, anaesthesia or surgery for my child as named above.
- Camp Kahquah requires that campers who have potentially life-threatening conditions, such as peanut allergies, to be able to manage their exposure to those substances, provide two sets of medication and be familiar with its use.
- Permission is given for Camp Kahquah to use any image or likeness of my child for their promotional material.
- In case of withdrawal during the Camp on a physician's order, two thirds of the remaining term will be refunded. No refund will be made for dismissals due to disciplinary action, late arrivals or early departures.
- The deposit of \$75 per week is non-refundable for cancellations made after May 15, 2010. For cancellation prior to May 15, there is a \$25 cancellation fee. Less than two weeks prior to the program date, all program fees become non-refundable, unless written explanation from a doctor is received, in which case, only the deposit is non-refundable.
- Programs that do not receive a minimum number of registrations will be cancelled and fees paid will be fully refunded.
- The information on this form will only be used by Camp Kahquah for the specific purpose of providing your child with a memorable experience. I understand that this information will not be passed to any other group or used for any other purpose.
- I have read and understand all pages of the brochure and this application form.

Signature of Parent or Guardian: _____ Date: _____

Required to Process Application

PLEASE RETURN ALL COMPLETED FORMS
(APPLICATION - FEE CALCULATION - MEDICAL)
Camp Kahquah, 1230A Nipissing Rd, RR#1, Magnetawan, ON, P0A 1P0
FAX: (705) 387-0045 **ONLINE: www.campkahquah.com**



Calculation of Fees - CHILDREN'S CAMP

Please complete a separate application form for each camper

Camper Name: _____

Select the program and date

<input type="checkbox"/> Regular Program: \$365 per week	<input type="checkbox"/> Algonquin Adventure: \$380
<input type="checkbox"/> NOVA: (8 - 11) July 4 - 10	(11 - 14) July 25 - 31
<input type="checkbox"/> QUEST: (9 - 12) July 11 - 17	<input type="checkbox"/> Bravo: \$365
<input type="checkbox"/> BLAZE: (10 - 13) July 18 - 24	(10 - 14) August 22 - 28
<input type="checkbox"/> SUMMIT: (11 - 14) July 25 - 31	<input type="checkbox"/> ZENITH: \$150 - Grades 9-12

Program Fee

Program Fee before tax: (add total cost of each program).. _____ (A)
 Changeover Weekend Fee: campers staying over for consecutive weeks: \$20. _____ (B)
 Bus Fee: \$45 return or \$25 one way _____ (C)
 Total Fees (A + B + C). _____ (D)

Discount Calculation

Coming for a regular program or on staff: Save \$20.00 on ZENITH. _____ (E)
 A child who comes for an earlier week can save \$75 on Algonquin Adventure. _____ (F)
 A child who comes for an earlier week can save \$75 on Bravo. _____ (G)
 A second child in same immediate family will save \$25.00 a week _____ (H)
 A third (or more) child in same immediate family will save \$50.00 a week. _____ (I)
 For church/school group discounts contact Nancy at 705-387-3923
 Total Discounts (E + F + G + H + I).. _____ (J)

Total Program Fee after Discounts (D - J). _____ (K)

Taxes

Full Payment before May 1, 2010:
 Tax= 8% (RST 3%, GST 5%) of Total Program Fee (0.08*[K]). _____ (L1)
 Payment on or after May 1, 2010 will apply to Total Program Fee after discounts:
 Tax=13% of Total Program Fee (0.13*[K]). _____ (L2)
 Program Fees plus Tax: (K + L1) or (K + L2) _____ (M)
 Optional **Tuck Shop** prepayment. _____ (N)
 Optional Camper Financial Assistance **Donation** (Tax Deductible Donation). _____ (O)

Grand Total Due (M + N + O): All fees are to be paid by June 15, 2010. _____ (P)

Amount paid today: (A minimum deposit of _____ week(s) attending \$75 is required)... _____ (Q)
 Balance of Payment (P - Q). _____ (R)

- Plan #1: Full Payment of (P) by credit card or cheque payable by March 5 (save money)
- Plan #2: Full Payment of (R) by credit card or cheque payable by June 15
- Plan #3: Monthly payments of Balance (R) ÷ _____ payment periods until June 15 = _____
 due on the fifteenth of every month and paid by
 - Enclosed post-dated cheques
 - A charge to the supplied VISA or MasterCard account

Note: Plan #3 is not an option if applying after June 1. Full fees are due with application

The balance is being paid in full or part by a sponsor and I have enclosed a note of explanation

Credit Card Information:

VISA MasterCard
Account Number: _____ Name on Card _____

Expiry Date : ____/____/____ Signature (Required): _____
(Month Year)

FOR OFFICE USE ONLY
 Account paid in Full
 Date: _____ Chq#:/Credit Card _____ Amount: _____
 Date: _____ Chq#:/Credit Card _____ Amount: _____
 Date: _____ Chq#:/Credit Card _____ Amount: _____



2010 Medical Form
Please complete a separate application form for each camper - PLEASE PRINT
Form must be complete and signed by Parent/Guardian or Applicant (if 18 years of age)

Camper's Name: (Last) _____ (First) _____ Male Female

Ontario Health Card Number: _____

Camper's Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone Number: (_____) _____ - _____ Date of Birth: ____/____/____
Month Day Year

Parent / Guardian Name: _____ Work Phone Number: (_____) _____ - _____

Parent / Guardian Name: _____ Work Phone Number: (_____) _____ - _____

Emergency Contact (Other than Parent): _____ Relationship: _____

Phone Number of Emergency Contact: (_____) _____ - _____

Family Doctor: _____ Phone: (_____) _____ - _____

Medical History

- Diabetes
- Heart Trouble
- Asthma
- Epilepsy
- Kidney Trouble
- Bed Wetting
- Sleepwalking
- Fainting
- Other: _____

Please give any relevant details for nurse

Allergies

- Hay Fever
- Eczema
- Bee Sting
- Food
- Drug
- Other: _____

Please give specifics and list any other allergies

Regular Medications

Medication: _____

Dosage: _____

Times Taken: _____

Medication: _____

Dosage: _____

Times Taken: _____

Important Note: All medications must come in their ORIGINAL container. The camp nurse is responsible for both storing all medications in a locked cabinet as well as administering them. Prescription medications must be for the child indicated on the label and all labels must have proper dosages detailed. Any outdated medications or those not in their original containers will NOT be administered to any campers while they are in the care of Camp Kahquah. The camp must be notified in writing if the camper is exposed to any communicable disease during the 4 weeks prior to camp, or if the camper's medical status changes

Food Allergy Policy: Our desire is to create a safe environment for children. We will make reasonable efforts to ensure that your child does not have a food allergy attack while at Camp Kahquah. While we are not a peanut-free location, our policy is to reduce the use of peanut products during NOVA. During the other weeks, our goal is to help children self-manage their condition. For more information or concerns call the camp at 705-387-3923.

Are there any activities at camp in which the applicant should NOT participate?

By my signature, I declare that the medical history attached is complete and accurate and I give my permission for a physician selected by the appointed Camp Director to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child named above in the event of a medical emergency and for the family doctor to be contacted in such a case.

Signature of Parent/Guardian _____ Date Signed: _____

(or applicant if 18 years of age or over)