



2010 Crew 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 (____) ____ - _____

Please include information on Camp Financial Assistance in my acceptance package

T-Shirt Size: Youth XL [] Small [] Medium [] Large [] XL [] XXL []

Select ONE Session: One: July 4 - 17 Two: July 18 - July 31

<p align="center">Important Dates</p> <p>March 15: Applications Due April 1: Acceptance Letters April 15: Applicant Response</p> <p>Successful applicants will be provided with further instructions including information on FEES</p> <p>Applications will be accepted after March 15 as long as space is available</p>

References

Please give the names of two references from adults (**NOT FAMILY MEMBERS OR JUST FRIENDS**) who know you in specific areas of your life (eg. Church, School, Work). If necessary, these references may be asked to fill out a formal reference form for you. By signing this application you are granting permission for these individuals to release information to Camp Kahquah concerning your character, employment performance, skills, competence and/or general ability. Remember to ask these people if you can use their names as a reference for you.

Name:	Name:
email:	email:
Phone #: ()	Phone #: ()
Relationship to you	Relationship to you
Best Time to Contact	Best Time to Contact

Disclaimer Information - Parent or Guardian Consent

- My child is in good physical and emotional health, and amenable 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 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 APPLICATION and MEDICAL FORM
 Kahquah Summer Camp, 621 Rosehill Rd, Fort Erie, ON, L2A 5M4

CREW Personal Profile

On a scale of 1(low) - 5(high), indicate how you would rate yourself in the following areas

- 1. Initiative: Completes tasks quickly with minimal instruction while motivating others.. 1 – 2 – 3 – 4 – 5
- 2. Dependability: Requires little supervision, very reliable, and produces excellent work 1 – 2 – 3 – 4 – 5
- 3. Respects Authority: Demonstrates respect for authority in all situations. 1 – 2 – 3 – 4 – 5
- 4. Friendly: Extremely sociable and outgoing, puts people at ease, goodwill person. 1 – 2 – 3 – 4 – 5
- 5. Emotional Stability: Tolerates pressure and able to adapt well to a crisis. 1 – 2 – 3 – 4 – 5
- 6. Energy Level: Excellent health and seldom tires. 1 – 2 – 3 – 4 – 5
- 7. Housekeeping: Very neat, clean, and orderly. 1 – 2 – 3 – 4 – 5

All applicants should complete the following in the space provided being careful to use readable handwriting

- 1. Why do you want to be part of the Camp Kahquah’s CREW?

- 2. Have you had past camping experiences at Kahquah or elsewhere? If so, describe

- 3. Name and describe a personal strength and a personal weakness. They can relate to you as a leader or in general.

- 4. Where do you envision yourself in ten years? This can be as imaginative as you like.

Complete the following only if you are a returning CREW member

- 1. What was your favorite and least favorite Crew experience?

- 2. What was the most valuable lesson you learned through your experiences and how did that help you grow as a person and/or a leader.

- 3. If you could change one thing about yourself, external or internal, what would it be and why?

- 4. Describe any leadership or personal experiences that you have had since last summer that have strengthened you and will make you a valuable asset to the team this coming summer

Please Note: CREW is a very popular program. Last year in most cases, preference was given to 15 year old CREW applicants over 14 year old applicants.

Be sure to have your application in by the due date of March 15, 2010. Applications will be accepted after this point in time as long as space is still available.



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 camper 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)