

# Widji Snow Camp

February 3-5, 2012

## Application & Health Form

Box 10020, Huntsville, ON, P1H 2K1

Toll-free 800-551-0168, Fax 705-789-6668



**NOTE:** Your child's information is considered confidential. It will only be made available to the appropriate and necessary camp staff.

### Personal Information

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Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Age at time of camp: \_\_\_\_\_ Gender: male/female

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

Parents/Guardians: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Business Phone: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship of above contact to camper \_\_\_\_\_ (if other than parents)

Health Card #: \_\_\_\_\_ or other Insurance provider

and policy # \_\_\_\_\_ (attach a photocopy)

Version Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any reasons why your duties may be restricted due to physical limitation or disability? YES / NO

If yes, please explain: \_\_\_\_\_

Roommate Request: \_\_\_\_\_

**Please note that roommate requests are NOT GUARANTEED and must be requested by both parties.**

Every effort is made to honour requests for ONE roommate of the same age or grade.

#### **\*\* NOTE: Peanut Allergies**

Since we are using the facilities at Muskoka Bible Centre and they do not have the same peanut policy as Camp Widjiitiwin (i.e.: there will be nuts on the property) we **CANNOT guarantee a nut free environment.**

### Payment Information

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Payment in full (\$117.52 before December 31<sup>st</sup> or \$128.82 January 1<sup>st</sup> or later – HST Included) is required at the time of registration. I have enclosed a cheque payable to Camp Widjiitiwin OR please charge my VISA or MasterCard; Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_ (3 digits on the back of your card)

Signature: \_\_\_\_\_

# Health Information

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

**Please check all that your child has experienced or is experiencing:**

- |                                                           |                                               |                                                 |
|-----------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Asthma                           | <input type="checkbox"/> Fainting             | <input type="checkbox"/> Nose Bleeds            |
| <input type="checkbox"/> ADD/ADHD                         | <input type="checkbox"/> Frequent Colds       | <input type="checkbox"/> Sinus Trouble          |
| <input type="checkbox"/> Bed Wetting                      | <input type="checkbox"/> Hay Fever            | <input type="checkbox"/> Sleepwalking           |
| <input type="checkbox"/> Chicken Pox                      | <input type="checkbox"/> Headaches - Frequent | <input type="checkbox"/> Stomach Aches          |
| <input type="checkbox"/> Contagious Disease -<br>Exposure | <input type="checkbox"/> Heart Condition      | <input type="checkbox"/> Toothaches             |
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Homesick Tendency    | <input type="checkbox"/> Other Infections _____ |
| <input type="checkbox"/> Ear Infections – Frequent        | <input type="checkbox"/> Lactose Intolerant   | _____                                           |
| <input type="checkbox"/> Eating Disorder                  | <input type="checkbox"/> Measles              | _____                                           |
|                                                           | <input type="checkbox"/> Mumps                |                                                 |

Please give details of the above: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Please check all immunizations that are up to date:**

- |                                                      |                                                   |
|------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> MMR – Measles/Mumps/Rubella | <input type="checkbox"/> DPT – Diphtheria/Tetanus |
| <input type="checkbox"/> Polio                       | <input type="checkbox"/> HBV – Hepatitis B        |

**Please list all allergies:**

Penicillin  Bee Stings  Foods (please list) \_\_\_\_\_

OTHER (please list) \_\_\_\_\_

Does the camper have any physical, emotional, mental, or behavioural weaknesses or problems? YES / NO  
If yes, please attach a note of explanation.

Does the camper take any medication regularly or have any severe allergies? YES / NO  
If yes, please attach a note of explanation.

If there are treatments, injections or special medications to be given at camp, state when and how often to be administered. The camper should bring these to camp and leave them with our Camp Medic with written instructions. \_\_\_\_\_

**PLEASE ENSURE PRESCRIPTION DRUGS ARE IN THE ORIGINAL PHARMACY LABELLED CONTAINER.** State what operations, recent illnesses or injuries camper has had and give details:

Parents/Guardians will be contacted if your child experiences any serious illness or major injury. However, our camp medic is unable to call about every child that makes a visit to the infirmary.

It is our policy at Camp Widjitiwin that ALL medication be brought to the infirmary/camp medic upon arrival at registration. Medications must be in the original prescription container. Will your child be bringing any medications? YES / NO – Please check...

1. **Inhaler/Bronchodilator**  Yes  No 2. **Epi-pen**  Yes  No 3. **Other** [Please Specify]: \_\_\_\_\_

## Consent to Treatment, Waiver and Release

Important Information – Must be signed prior to participation in any activity at Camp Widjiitiwin.

**Health Coverage:** Each camper, including non-residents must provide evidence of coverage under Ontario Health Insurance or equivalent. Non-residents will be billed for the costs of hospital out-patient visits [emergency room, X-rays, etc.]. If for any reason my child receives special medication or services beyond that furnished by Camp Widjiitiwin Infirmary, I agree to pay for or seek reimbursement from my own insurance company for all such expenses.

**Medical Treatment:** I hereby give permission to the physician and nurses selected by Camp Widjiitiwin Directors to assess and give medical treatment, including prescriptions, when necessary to my son/daughter. In the event that a camper requires special medication, transportation, X-ray or treatment beyond that which is possible at the resort, the parents will be charged with the additional expense. In case of surgical emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above and will be responsible for any additional expense that may result from such services.

**Liability:** While every precaution is taken for the safety and good health of our campers, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Camp Widjiitiwin. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. Also, while I understand that Camp Widjiitiwin does its best to protect against exposure to nut products where there are allergies of which I have given written notice, I recognize that Camp Widjiitiwin does not accept responsibility or liability and I hereby release Camp Widjiitiwin for any illness or injury which may occur as a result of exposure by my child to any such food or other item to which my child has an allergy. By signing below, you are releasing the employees, Directors, and Officers of Camp Widjiitiwin, Muskoka Baptist Conference and the employees of facilities outside the camp grounds [the "Releasees"] from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of Camp Widjiitiwin including any programs or otherwise, notwithstanding that any such loss, injury or damage may have arisen by reason of negligence of the ["Releasees"]. This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release.

**Jurisdiction:** I understand that any and all actions arising out of this agreement or the use of Camp Widjiitiwin will be governed by the laws of Ontario, Canada and I consent to the exclusive jurisdiction of the courts in Ontario, Canada.

**Dismissal and Behaviour:** The Director reserves the right to dismiss a camper without a refund who, in his opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the resort. I certify that I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the Camp Widjiitiwin program. I also give permission to the Director of Camp Widjiitiwin to search my child's belongings for items prohibited by camp, if suspected. I agree to reimburse Camp Widjiitiwin for any intentional damage or defacement of camp property caused by my child.

**Custody:** The parents/guardians submitting this form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Camp Widjiitiwin, including a photocopy of the section of any court order referring to visitation rights.

**Lost Items:** Camp Widjiitiwin is not responsible for personal items that are lost, stolen or damaged.

**Promotional Photos:** I grant permission to Camp Widjiitiwin and to any third party authorized by Camp Widjiitiwin to use photos, videos, or any other recording or reproduction of the camper in any medium for use in promotional materials and/or as otherwise seen fit by Camp Widjiitiwin, which includes but is not limited to website, brochure, postcards and other digital, print and electronic media.

**Cancellation Policy:** The full fee is required at the time of application (this includes a \$50.00 non-refundable administration fee). For cancellations 14 days before camp starts a refund will be issued for 75% of the camp fees. In the 7-14 day window before a week begins 50% of the camp fee is refundable. If less than seven days before a week begins there is no refund available.

As the parent/legal guardian of the above named child, I state that I have thoroughly read this application and the 2012 Widji Snow Camp registration information thoroughly and I accept the conditions of enrolment and cancellation policies of Camp Widjiitiwin and I am in full agreement. In case of medical emergency, I hereby give permission to the physician selected by the camp director to hospitalize and/or secure proper treatment for my child.

Name of Parent/Guardian (Please print): \_\_\_\_\_

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