

## 2010 Camper Registration Form

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| <p><b>RETURN FORMS TO:</b></p> <p><b>Camp Quality Canada</b><br/>         1444 Queen St. E., Suite 206<br/>         Toronto ON M4L 1E1</p> |  | <p><b>IF YOU HAVE ANY QUESTIONS<br/>PLEASE CONTACT:</b></p> <p style="text-align: right;"><b>Michelle Lawrie</b><br/>         Manager of Programs<br/>         1-866-738-8011<br/>         michelle@campquality.com</p> |
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Please print clearly. **Do not leave any fields blank.**

To register for any of the Camp 2010 camps, please complete the family information required below, choose the Camp 2010 location you are interested in and mail this and all other completed forms to the address noted at the top left hand corner of this form by the submission deadline listed on the next page.

**Registration is entered only when all forms are completed in full. Our office will contact you to confirm that your child is registered for Camp 2010.**

**FAMILY INFORMATION:** *Name(s) of Parent(s) or Guardian(s) with whom the Camper resides*

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| <p><input type="checkbox"/> Mr. <input type="checkbox"/> Dr.</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Relationship to Camper: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> | <p><input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Relationship to Camper: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> |
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**MAILING ADDRESS:**  Family  Mother  Father  Other \_\_\_\_\_

\_\_\_\_\_  
*Street/P.O. Box/Apt*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Province*

\_\_\_\_\_  
*Postal Code*

**EMERGENCY CONTACT:** If guardian(s) cannot be reached, who should we contact in an emergency?

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**CAMPER INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_  Male  Female Grade in 2009/2010 year: \_\_\_\_\_

*dd/mm/yyyy*

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

T-Shirt Size:  YS  YM  YL  YXL  AS  AM  AL  AXL  Other \_\_\_\_\_

Sweat Shirt Size:  YS  YM  YL  YXL  AS  AM  AL  AXL  Other \_\_\_\_\_

**CAMP CHOICE:**

**Location:**

- Alberta
- Eastern Ontario
- Manitoba
- Northern Ontario
- Northwestern Ontario
- Southern Ontario
- New Heights

**Camp Date:**

- August 14 – 20, 2010
- August 7 – 13, 2010
- August 14 – 20, 2010
- July 9 – 16, 2010
- August 8 – 14, 2010
- August 8 – 14, 2010
- May 21, 24, 2010

**Submission Deadline:**

- May 1, 2010
- May 1, 2010
- May 1, 2010
- May 1, 2010
- May 1, 2010
- May 1, 2010
- February 15, 2010

**ACTIVITIES AND OTHER RELEVANT INFORMATION:**

Does your child have special needs and, is your child restricted from participating in certain activities of which we should be aware? If so, please provide details below:

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Does your child have any dietary restrictions or food allergies? If so, please provide details below.

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**YEAR-ROUND SUPPORT PROGRAMS:**

In addition to Camp 2010 camps, Camp Quality Canada also provides year-round support programs to Campers. As such, a number of programs occur outside of the camp-week including family outings, family camp and visits by Camp Quality Canada volunteers. (The amount of time your child will be able to spend with a volunteer will depend largely on geography).

How would you like your child to be in contact with camp volunteers? *(Check all that apply)*

- Telephone
- E-mail
- Visits to your home
- Outings with volunteer

What other support would you desire?

- Hospital visits
- Family Weekends
- Resource Referrals
- Other

**DISCLOSURE AND CONSENT FOR USE OF INFORMATION AND PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD:**

For valuable consideration, CAMP QUALITY CANADA allowing my child to participate in the activities at Camp 2010, and Camp Quality Canada year round support programs, I/we \_\_\_\_\_ (Name) and \_\_\_\_\_ (Name) the \_\_\_\_\_ (enter the relationship to the child i.e. parents/legal guardians) of \_\_\_\_\_ (child) as the Parents/Guardians of the Camper acknowledge and agree to the following:

1. I/We agree to the collection by, use by and disclosure to Camp Quality Canada, its health care team,

counselling staff, volunteers, agents and third parties (“Camp Quality Canada”) of the personal information I/we have provided for the purposes described herein in this Camper Registration Package.

2. I/We agree to the collection, use and disclosure of the personal information I/we have provided to provide services that Camp Quality Canada offers, to obtain medical and emergency care if required, to support promotional information (i.e. fundraising) and to facilitate ongoing communication.
3. I/We understand that Camp Quality Canada will not share our information with third parties; or divulge information to other organizations or individuals for the purpose of self or product promotion under any circumstances other than described herein.
4. I/We understand that Camp Quality Canada will endeavour to honour any reasonable request I/we make to access, review, amend or withdraw the personal information collected.
5. I/we give my/our permission to the medical personnel of Camp Quality Canada, or to the medical personnel selected by Camp Quality Canada to act on my/our behalf and administer the necessary medical care to my/our child, including transportation by employees, officers or agents of Camp Quality Canada for medical care. It is understood that all attempts possible will be made to contact me/us in the event that emergency care or otherwise is required, but no guarantees can be given that contact will be possible before medical care is required to be given.
6. I/We agree that I/we will notify Camp Quality Canada if the Camper has a change in health status during the three week period prior to arriving at Camp 2010.
7. I/we represent that the personal information and health record provided in this Camper Registration Package is correct and complete as far as I/we know. This form shall remain in full force and effect until it is withdrawn or amended in writing by me/us.

This form shall bind me/us, my/our representatives, successors and/or administrators.

\_\_\_\_\_  
Parent/Guardian’s Name

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian’s Name

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness’ Name

\_\_\_\_\_  
Witness’ Signature

\_\_\_\_\_  
Date Witnessed

*The information provided by the applicant in this application shall be retained and used by Camp Quality Canada to provide services that it offers, to obtain medical and emergency care if required, to support promotional information (i.e. fundraising) and to facilitate ongoing communication. By providing this information, the applicant consents to the collection, use and disclosure of this information by Camp Quality Canada.*