

Camp Stella Puella

2015 Summer Day Camp Registration Form

DAY CAMP DATES

Due to high demand and our goal to give this camp opportunity to as many campers as possible, please check off only ONE week. If you are interested in a 2nd week, please indicate and we will notify you after July 1st if there is space in that session.

July 27 - 31

August 24 - 28

CAMPER INFORMATION

Please note that campers aged 13-14 years will be enrolled in the LIT program.

Camper's Name:		
_____	_____	
Last	First	
Date of Birth:		Age:
_____		_____
Day/Month/Year		
Address:		
_____	_____	_____
Number	Street	City
_____	_____	_____
Province	Country	Postal Code
Home Phone Number:		Cell Phone Number:
()		()
Email Address:		
School & Grade completed as of June 2012:		
How did you hear about Camp Stella Puella?		

DAY CAMP FEES

\$110.00*

*Price includes craft supplies, sports equipment, organic farming workshop at Shared Harvest Farm, swimming fees at *Lion's Pool* and special guests.

*Please check the following regarding camp t-shirts

I will re-use my camp t-shirt from last year

I would like to purchase a new CSP t-shirt for an additional \$5.

Please circle the youth size t-shirt:

S

M

L

XL

Please make cheques payable to *Triple Bottom Line for Sustainability Inc.*

Registration packages can be mailed/dropped off at 305 Helena St. Dunnville, Ontario N1A 2S9 or faxed to 905-774-8842

Regular Camp Hours are 9:00am to 4:00pm. Please contact us if you are interested in pre-camp and after-camp services for an additional charge.

Camper's Medical Information

This information is vital for emergency situations; please notify the camp office immediately in the event of any changes or corrections to the information below.

Camper's Name: _____ _____ Last First	
OHIP: _____	Expiry Date: _____/_____ Month Year
Swimming Ability: (Please indicate the swimming level your child is currently completing or has recently completed)	
ALL Medical Issues:	
ALL Allergies:	
ALL behavioral, social, and/or psychological issues:	
ALL Medication: (Please specify what medication is for, dosage, and if the child can take it themselves)	
In the event that an issue arises from an above-mentioned problem, what can we do at camp to help resolve the issue? What is normally done at home? At School?	

Parent/Guardian Information

Parent/Guardian Name:		Parent/Guardian Name:	
_____	_____	_____	_____
Last	First	Last	First
Home Phone:	Second Phone:	Home Phone:	Second Phone:
()	()	()	()
Permission to pick-up child? (check)		Permission to pick-up child? (check)	
_____	_____	_____	_____
yes	no	yes	no

Please list all those who have permission to pick-up your child from Camp *Stella Puella*. Only listed individuals and the parents/guardians (above) are allowed to take your child off camp property.

Name	Relation to Camper

Written permission from a parent or guardian is required for individuals *not* listed above. (Please call the office at the phone number on page one if there is anyone specifically NOT permitted to pick-up your child.)

Emergency Contacts

In the event of an emergency when the camper’s parents/guardians cannot be reached, please list below the individuals who have permission to act on your behalf until you can be reached.

Name	Relation to Camper	Phone Number
		() ()
		() ()
		() ()

I, the undersigned, hereby **authorize** Camp *Stella Puella* to take the necessary measures to ensure my child’s well being. In the event of an emergency, where the camper’s emergency contact(s) or parent/guardian(s) cannot be reached, I authorize Camp *Stella Puella* to arrange for an ambulance and authorize medical personnel to proceed with required medical treatment.

Signature

Date

Swimming Waiver

I, hereby give permission for _____ to walk to Dunnville Lion's Pool for swimming under the supervision of *Stella Puella* counselors and Lion's Pool lifeguards, taking place on either July 28th and 30th 2015, or August 25th and 27th 2015.

Signature

Date

Photography Release Waiver

The participant _____, and, _____, the parent/legal guardian of the participant, grant full permission to Camp *Stella Puella*, to reproduce, display, or distribute any photographs, videotapes or any other content taken of the participant in connection with a Camp *Stella Puella* program or any related events for any purpose, (including, but not limited to, promotional materials such as informational brochures, websites, and Facebook) and to make the material available to third parties for broadcast and publication. The participant and the parent/legal guardian of the participant acknowledge and accept that such photographs, videotapes, or other content, including any appearance of the participant included therein, may be edited at the discretion of Camp *Stella Puella*.

Signature

Date

Cancellation and Refund Policy

One week prior to your session, a total refund will be issued less a \$20.00 administration fee. After this time, refunds will be given for medical reasons only (with medical certification). Refunds are not granted if parent/guardian withdraws camper from the session early, or if camper is sent home for misconduct. A \$20.00 service charge will be levied on any NSF cheque. I have read and understood the Cancellation and Refund Policy.

Signature

Date

Registration Completion

I, _____ the undersigned, hereby acknowledge that I have read, thoroughly understood, and have completed all applicable pages of Camp *Stella Puella* Information forms to the best of my knowledge.

Signature

Date