

Camp Stella Puella

2015 Summer Overnight Camp Registration Form

August 23rd – 29th
For girls entering Grades 5 to 9

CAMPER INFORMATION

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 2015:		
How did you hear about Camp Stella Puella Overnight Camp?		
Please select desired shirt size:		
Youth: S M L XL Adult: S M L XL		

OVERNIGHT CAMP FEES

\$500.00 - Please make cheques payable to *Triple Bottom Line for Sustainability Inc.*

Registration packages can be mailed/dropped off at 305 Helena St. Dunnville Ont. N1A 2S9, faxed to 905-774-8842 (between 8am-12pm M-F) or emailed to campstellapuella@gmail.com

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:
_____	_____/____/_____
Card Number	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?	
Has the camper been immunized against diphtheria, mumps, polio, red measles, rubella, and tetanus in accordance with the recommended immunization schedule in Ontario? Yes No If no, state reasons below:	
Please list any dietary restrictions (ie. Peanut allergy, lactose intolerant, vegan, vegetarian-eats fish etc)	

Parent Information

Parent/Guardian Name: <div style="display: flex; justify-content: space-around;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Last First </div>	Parent/Guardian Name: <div style="display: flex; justify-content: space-around;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Last First </div>
Home Phone: () _____ Second Phone: () _____	Home Phone: () _____ Second Phone: () _____
Permission to pick-up child? (check) <div style="display: flex; justify-content: space-around; font-size: small;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> yes no </div>	Permission to pick-up child? (check) <div style="display: flex; justify-content: space-around; font-size: small;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> yes no </div>

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

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 of Child if Over 12yrs

Signature of Parent

Date

Date

Transportation Waiver

I, _____ the undersigned, grant permission for the participant, _____ to take transportation by bus under the supervision of *Camp Stella Puella* staff for three designated outings throughout the week.

Signature

Date

Cancellation and Refund Policy

One month prior to your session, a total refund will be issued less a \$100.00 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 \$100.00 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