

# CAMP MCGOVERN

**\*ATTENTION: PLEASE KEEP THIS PAGE FOR YOUR REFERENCE\***

Dear Parent of Guardian,

We are pleased that your child would like to attend Camp McGovern this summer. Please ensure that you have received all 4 pages of the Registration Form from your Agency. (You will need a separate form for each child you would like to send). Please fill out the form(s) completely and return it to your agency representative with any payments you have agreed upon with your sponsoring Agency.

Please make all fees payable to your Agency who in turn will forward it on to the camp. Please be aware that any forms not completely filled out will not be processed. Incomplete forms may be returned to you or held until the required information is received.

There is a \$45 non-refundable deposit applied to every registration received. Partial refunds will apply to cancellations made at least 48 hours in advance (12pm on the Friday before your child is to arrive). All cancellations after this time will not be refunded. Please be aware that all parent portions of the fees that are forwarded directly to the camp must be paid by "Money Order" payable to "Camp McGovern" (**please ensure your name is on it for identifying who to apply the payment to**). No personal cheques accepted. A \$10 charge will be applied to all requests for week changes after confirmation has been sent.

All camp spots are first come first served so please return the form as quickly as possible. **To make the placement process run smoothly it is important that you indicate your top 3 choices.** A recent, clear picture of your child is also required. Please include this with your form.

Below is a check-list to consult before sending in your registration form.

- [ All requested information is included
- [ Signature on back of registration page
- [ Signature on front of Health form (Medical authorization)
- [ Picture included
- [ Health card number (OHIP) and Doctor's information
- [ Payment included

You should receive a confirmation package within 2 weeks of your form(s) being received by the camp office. This will include a packing list and travel information. **If you do not receive a confirmation by 2 weeks prior to your earliest week choice please contact the camp office. 519-369-6704.**

Sincerely,

**Camp McGovern**

Please fill in below and keep posted for your reference

## Camp McGovern Information

My Week choices #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

*\*If for some reason your first choice is full, the camp will contact you and confirm your second choice or arrange another alternate week. Otherwise a confirmation package will arrive in the mail.*



# Registration Form 2010

Submit completed Registration Forms to your referring Agency, a \$45 non-refundable deposit is required upon registration. All forms and deposits must be submitted no later than 3 weeks prior to your child's scheduled arrival. All cancellations must be completed no later than 48hrs prior to arrival; cancellations after this point will be invoiced in full. All parent portions of the fees must be paid by Money Order. No personal cheques accepted.



## CAMPER SESSIONS: Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice of camping sessions.

- Week 1:** July 4 - July 10 (11 - 13 years)
- Week 2:** July 11 - July 17 (8 - 11 years)
- Week 3:** July 18 - July 24 (8 - 11 years)
- Junior Camp:** July 25 – July 29 (6-10 years)

- Youth Week 1:** Aug. 1 – Aug. 7 (12 - 14 years)
- Week 6:** Aug. 8 - Aug. 14 (8 - 11 years)
- Week 7:** Aug. 15 - Aug. 21 (8 - 11 years)
- Youth Week 2:** Aug. 22 - Aug. 28 (13 - 15 years)

- SKILLZ CAMP** (14 – 15 years) *Limited spaces*
- Session 1:** Aug. 8 – Aug. 14
- Session 2:** Aug. 15 – Aug. 21

- CANOE CAMP** (12 -14 years) *Limited spaces*
- Session 1:** July 4 – July 10
- Session 2:** Aug. 1 – Aug. 7

**Camper Fees: Junior Camp - \$275 per child. All other weeks: \$350 per child.**

**\*PLEASE PRINT CLEARLY ALL INFORMATION REQUESTED\***  
\*Please note: any registration forms not completely filled out will not be processed

### CAMPER INFORMATION:

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

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

Age while attending camp: \_\_\_\_\_ Sex:  M  F

#### Mailing Address

Street: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_

Please include a **RECENT**, clear photograph of you child.  
(Eg. School picture)  
  
A **CLEAR** photocopy is acceptable.

### PARENT / GUARDIAN (WITH LEGAL CUSTODY):

(Primary contact during child's stay at camp)

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

Relationship to Camper: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_  same as above

Business #: (\_\_\_\_) \_\_\_\_\_

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

### AGENCY INFORMATION (REQUIRED):

(For Big Brother/Sister agencies, please identify city or region name)

Agency: \_\_\_\_\_

Caseworker/Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### SECONDARY/EMERGENCY CONTACT:

(Please provide another contact person outside of your home  
In case parent/Guardian is unavailable)

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

Relationship to Camper: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_

Business #: (\_\_\_\_) \_\_\_\_\_

### TRANSPORTATION:

Round-trip bus transportation is available from Kitchener-Waterloo weekly. Please check if you would like to utilize this service.  Yes

Round-trip bus transportation will be available from Brampton during Weeks 2 and 8. Please check if you would like to utilize this service.  Yes



# CAMPER HEALTH FORM

Camper's Name: \_\_\_\_\_

Please specify any medication allergies: \_\_\_\_\_

\_\_\_\_\_

Please list any Dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

## **MEDICAL INFORMATION: (REQUIRED)**

Health Card #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone #: (\_\_\_\_\_) \_\_\_\_\_

If this child has had any of the following, please  all that apply:

- |                                       |                                      |                                       |
|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="radio"/> Chicken Pox     | <input type="radio"/> Hay Fever      | <input type="radio"/> Asthma          |
| <input type="radio"/> Measles-Red     | <input type="radio"/> Sinus Trouble  | <input type="radio"/> Epilepsy        |
| <input type="radio"/> Measles-German  | <input type="radio"/> Ear Trouble    | <input type="radio"/> Fainting Spells |
| <input type="radio"/> Tonsillitis     | <input type="radio"/> Stomach Aches  | <input type="radio"/> Headaches       |
| <input type="radio"/> Hernia          | <input type="radio"/> Hepatitis      | <input type="radio"/> Nosebleeds      |
| <input type="radio"/> Appendicitis    | <input type="radio"/> Frequent Colds | <input type="radio"/> Heart Trouble   |
| <input type="radio"/> Mumps           | <input type="radio"/> Diabetes       | <input type="radio"/> Bedwetting      |
| <input type="radio"/> Rheumatic Fever | <input type="radio"/> Toothaches     | <input type="radio"/> Sleep Walking   |

## **ALLERGIES TO:**

- Bee Stings
- Penicillin
- Peanuts

***Other: (Include other drugs, foods, or seasonal allergies)***

\_\_\_\_\_  
\_\_\_\_\_

Information about special conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **MEDICAL AUTHORIZATION - This section must be completed.**

To the best of my knowledge, this camper is in good health and is physically and mentally able to participate in all camp activities, except as previously noted. I will notify the camp, if this child is exposed to any infectious diseases during the four weeks prior to arriving at camp. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health form to be shared with the appropriate camp staff and outside medical personnel as necessary.

Permission is, hereby, granted to the camp Medical Officer and/or his/her designate to take whatever steps s/he deems necessary to ensure the comfort, safety, and health of this camper, including, but not limited to, the dispensing of non-prescription / over-the-counter medications. I understand that all medication dispensed by the camp Medical Officer and/or his/her designate will be done so in accordance with the cautions and directions indicated for said medication, and will be duly noted in the Camp Medical Log.

I, hereby, certify that all the information completed on this form is accurate and up to date. I will contact the camp, in writing, if any changes occur in the camper's health status between now and the start of the camp session.

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

- Please contact me before dispensing any over the counter medication.

Please list all Medications being sent to camp (Including over the counter medication):

Medication Name:	Dosage:	Administration Time:	Reason for Taking:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**PLEASE NOTE:** We cannot make any changes to the medication schedules without written or verbal authorization from the prescribing Doctor or the Pharmacy. **Please ensure all medications are correctly labeled and in correct amounts before your child leaves for camp.** Any deviation from this will result in your child being sent home. The Camp is **NOT** responsible for filling prescriptions.

For the safety of our campers, Camp McGovern requires that **ALL MEDICATION**, including Tylenol, antacids, birth control, ointments, and inhalers be turned in to the camp nurse, upon arrival at the camp. Medication **must** be in the **original containers**, or copies of the **original labels** must be included.

\*Special situations such as epi-pens and inhalers can be arranged with the Nurse and your child's counselor.