



# Camper Application Form 2012

Submit completed application forms to your referring Agency, a \$45 non-refundable deposit is required upon application. 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.



Please rate your top 3 choices under the check mark					
	Dates	✓	Camp type	Ages	Cost
Week 1:	Jul 1 to Jul 7		Intermediate Camp	11 to 13	\$350
			Canoe Camp 1	12 to 14	\$350
Week 2:	Jul 8 - to Jul 14		Regular Camp	8 to 11	\$350
Week 3:	Jul 15 to Jul 21		Youth Camp 1	13 to 14	\$350
Week 4:	Jul 22 to Jul 28		Junior Camp	6 to 10	\$275
Week 5:	Jul 29 to Aug 4		Intermediate Camp	11 to 13	\$350
			SKILLZ CAMP 1	14 to 15	\$350
Week 6:	Aug 5 to Aug 11		Regular Camp	8 to 11	\$350
Week 7:	Aug 12 to Aug 18		Youth Camp 2	14 to 15	\$350
Week 8:	Aug 19 to Aug 24		Regular Camp	8 to 11	\$350
			SKILLZ Camp 2	14 to 15	\$350
			Canoe Camp 2	12 to 14	\$350

I am applying for:		
✓	CIT 1	July 1 to July 26
	CIT 2	July 29 to Aug 24
	LIT 1	July 8 to July 21
	LIT 2	Aug 5 to Aug 18
Program Costs		
LIT: \$375	CIT: \$450	

If applying for a leadership program, please also fill in and submit the leadership questions sheet: available online or from your referring Agency.

**\*PLEASE READ BEFORE COMPLETING FORM.** Any registration forms not completely filled out will not be processed. Please print clearly so your information may be collected accurately. LIT applicants may also select an alternative youth program to attend in case their application is not accepted this year. Due to high demand of specific weeks, we cannot hold spots. Please submit your forms asap to have a greater chance of receiving your desired week.

### CAMPER INFORMATION:

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age while attending camp: \_\_\_\_\_ Sex:  M  F

### PARENT / GUARDIAN AT PLACE OF RESIDENCE:

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

Primary contact for all mailings/camper concerns. If no, identify contact: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Business #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

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

\*\*\* Please attach a recent clear picture of the camper.

### SECONDARY/EMERGENCY CONTACT: (Please provide a contact person outside your home in case you are unavailable).

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

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

### AGENCY INFORMATION (REQUIRED):

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

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

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

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

### 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 1, 7 and 8. Please check if you would like to utilize this service.  Yes

**CAMPER HISTORY:**

Has this child been to Camp McGovern before? If yes, during which year(s): \_\_\_\_\_

Which of the following best describes this child? Please  all that apply:

- |  |   |  |   |
|--|---|--|---|
| <input type="radio"/> Quiet            | <input type="radio"/> Happy                 | <input type="radio"/> Prefers to be active     | <input type="radio"/> Tall for age                |
| <input type="radio"/> Moody            | <input type="radio"/> Insecure              | <input type="radio"/> Sensitive to others      | <input type="radio"/> Small for age               |
| <input type="radio"/> Confident        | <input type="radio"/> Independent           | <input type="radio"/> Aggressive               | <input type="radio"/> Afraid of the dark          |
| <input type="radio"/> Relies on others | <input type="radio"/> Cooperative           | <input type="radio"/> Enjoys group activities  | <input type="radio"/> May get homesick            |
| <input type="radio"/> Shy              | <input type="radio"/> Prefers to be alone   | <input type="radio"/> Tends to follow          | <input type="radio"/> First time away from home   |
| <input type="radio"/> Loud             | <input type="radio"/> Tends to lead         | <input type="radio"/> Keeps to self when upset | <input type="radio"/> Aggressive during conflicts |
| <input type="radio"/> Easy Going       | <input type="radio"/> Speaks out when upset | <input type="radio"/> Prefers quiet activities | <input type="radio"/> Accepts direction           |

What is this child's swimming ability?

- Non-swimmer   
 Beginner (Shallow only)   
 Confident (Deep water)   
 Afraid of water

**TUCK SHOP (INCLUDED FREE):**

Child may receive tuck:  Yes  No  
E.g., Granola bars, Popsicles, Ice cream, Trail mix, fruit etc.

If no, please list alternate snacks:

Please list any problems this camper may experience while at Camp (i.e., behavioral, medical, sleeping etc.):

\_\_\_\_\_

Additional information which may be helpful to staff: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONDITION OF ENROLLMENT / WAIVER - This section must be completed.**

The Camp Director reserves the right, at any time, to dismiss this camper at his/her sole discretion if, in his/her opinion, the camper is a hazard to, or impairs the safety or rights of others, or appears to him/her to have rejected the reasonable controls of the camp, or has failed to cooperate in any manner. In consideration of \_\_\_\_\_ using or having access to the facilities, programs, and benefits provided by Camp McGovern, I agree on behalf of \_\_\_\_\_ (camper's name) to release, save harmless, and indemnify Camp McGovern, and all their employees, officers, directors and volunteers from and against all claims, actions, costs, expenses, and demands with respect to death, injury, and loss or damage of property. I, hereby, consent to the disclosure or transmittal of any information, record, or file pertaining to \_\_\_\_\_ (camper's name) by Camp McGovern to \_\_\_\_\_ (supporting agency), the police, FACS or members of the camp committee. I also consent to the searching of my child's belongings if there is suspicion of the presence of illegal substances, Inappropriate or illicit material, or other products that could be harmful to my child or others, or if deemed appropriate by Camp Director acting reasonably. I, hereby, give permission for Camp McGovern to include this child in a cabin photo, to be presented to each member of his/her cabin upon

the completion of their week at camp.  Yes  No

I, hereby, give permission to Camp McGovern and its officers to use any photographs and/or video footage of this child and/or parents/guardians for promotional purposes.  Yes  No

I have read this application and the brochure, and I accept the conditions of enrollment.

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

Please check here if you would like to receive your confirmation package by email. (Please ensure email address is legible on contact page)