

# Camp Vincent Registration Form

St. Vincent de Paul Camp, est. 1971

Please forward completed forms to: **Camp Vincent, 80 King St. E, Chatham, ON N7M 3M8**

P: 519-354-1885 | F: 519-354-0859 | register@campvincent.com

Name of Camper: \_\_\_\_\_

## Camp Dates Requested

Week	Check	Date	Gender	Ages (must reach age by Dec 31 <sup>st</sup> of this year)
Totally Mysterious Island: A Reality Hit Series		July 4-July 6	Coed	6-15 yrs. (no leaders in training)
Ancient Egyptians: The Resurrection of King Ra's Tomb		July 8-July 13	Girls	6-15 yrs. (14-15 yrs. leader in training)
Minecraft: Season 2 – The Revenge of the Domingrey Gang		July 15- July 20	Boys	6-15 yrs. (14-15 yrs. leader in training)
Beauty & The Beast: The Enchanted Gala		July 22- July 27	Girls	6-15 yrs. (14-15 yrs. leader in training)
Young Justice Omniverse		July 29- August 3	Boys	6-15 yrs. (14-15 yrs. leader in training)
CSI: Jumanji – Camp Scene Investigation		August 5- August 10	Girls	6-15 yrs. (14-15 yrs. leader in training)
Davy Jones Locker – feat. SpongeBob & Jack Sparrow		August 12- August 17	Jr. Coed	6-11 yrs., 14-15 yrs. leader in training only
Harry Potter & The Hexwizard Tournament		August 19- August 24	Sr. Coed	11-15 yrs. (no leaders in training)

## Please choose the tier that your family will be paying:

Short Week (only Jul 4-6 week)	Tier 1 (subsidized)	Tier 2 (partially subsidized)	Tier 3 (not subsidized)
<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$280.00	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$375.00

### Payment and Refund Policy

A minimum deposit of \$100.00 **per registered week** must accompany the registration forms. You are free to pay more than the minimum deposit amount if you wish. Your child's registrations forms cannot be processed until we are able to process the initial deposit payment. Balance owed must be **RECEIVED** by camp head office no later than 2 weeks prior to the start of the camp week requested. Payments can be made by cheque, cash, money order, MasterCard or Visa. A Cancellation fee of \$25 applies if cancellation is made 7 days prior to the camp week start date. After this time, there are no refunds.

Deposit Amount: \$ \_\_\_\_\_ Balance Owed: \$ \_\_\_\_\_

Please make enclose cheques / money orders and make payable to **Camp Vincent**

### If paying by MasterCard or Visa

Cardholder Name: \_\_\_\_\_ Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card holder email (receipt purposes): \_\_\_\_\_ CVV Number: \_\_\_\_\_

**How did you hear about us? (please check all that apply)**

- Radio 
  School 
  Church Bulletin 
  Online 
  Magazine  
 Newspaper 
  Friend 
  Parade 
  Returning Camper 
  Other

**Camper Information**

<b>Camper Name</b>		Gender: _____	
First:	Last:	Age as of July 1 <sup>st</sup> , 2018: _____	
Date of Birth (MM-DD-YY) _____ - _____ - _____			
Address		City	Postal Code
Prov.			
School Name and Location		In what grade will your child be in September?	
Camp Week Requesting:			
Cabin Mate Request <i>*Please include First &amp; Last name*</i> We cannot guarantee, but will do our best to accommodate 1 mutual request of the same grade OR within 1 year of age difference.			

**Family Information** (Please fill completely, and notify us of any changes in order to keep our records up to date)

<b>Legal Guardian #1 Name (REQUIRED)</b>			<b>Legal Guardian #2 Name (OPTIONAL)</b>		
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone
Mailing Address	Check if same as camper		Mailing Address	Check if same as camper	
Email Address			Email Address		

I give permission for Camp Vincent (St .Vincent de Paul Camp) to use camp photos, videos, and media of my child for camp promotional purposes:  Yes  No Restrictions: \_\_\_\_\_  
Please indicate restrictions for using media involving your child (if applicable)

**Please attach or bring an updated photo of your child to registration.**

## Deregistration (Camper Pickup)

I, the parent/guardian, give permission to Camp Vincent (St. Vincent de Paul Camp) to release my child only to the parents / guardians listed above and the following names (Photo ID will be required when picking up child):

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Only the above listed names and the listed parent(s) or guardian(s) will be allowed to pick up the child. Please indicate if there is anyone **who must NOT** come into contact with the child:

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

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By signing this registration form, the legal guardian acknowledges all information collected will be used for registration and health care purposes only

### Camp Vincent Health Record

(It is extremely important that this section is filled out completely, accurately, and legibly. This form will be used if your child requires health care at camp)

Name of Camper: \_\_\_\_\_

Health Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Version Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please list **2 emergency contacts** that we will call if we are unable to reach the camper's parents / guardians

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Family Physician or Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**Allergies** - Please use the space below to inform us of any allergies your camper might have. If any of them are life-threatening, please indicate with an asterisk (\*): \_\_\_\_\_

**Dietary Needs** – If your child has any specific dietary needs such as lactose intolerant, gluten free, or if your child follows a specific diet such as vegetarian, please indicate below with specifics: \_\_\_\_\_

Has the camper ever been diagnosed with an Eating Disorder/ Disordered Eating or displayed similar symptoms?

Yes  No If yes, please explain: \_\_\_\_\_

**Medical History**

Tetanus: Date of last injection: \_\_\_\_\_ I confirm that all immunizations for my child are up to date (yes or no): \_\_\_\_\_

*If your child has experienced or been diagnosed with any of the following, please indicate approximate dates:*

Adenoids/ Tonsils	ADHD/ADD	Anxiety/ Depression/ Bipolar	Asthma
Bedwetting	Bleeding Disorders	Bowel Issues	Chicken Pox
Colds/ Ear aches/ Sore Throat	Diabetes	Ear Tubes	Epilepsy (seizures)
Fainting/ Head aches/ Migraines	German/ Red Measles	Heart Condition	Sleep Walking
Stomach Issues	Whooping Cough	Post-Traumatic Stress Disorder (PTSD)	Other:

Females Only

Has she menstruated? \_\_\_\_\_

If no, has she been told about menstruation? \_\_\_\_\_

I authorize Camp Vincent to provide over the counter medication to my child if necessary: Yes No

**Camper Medication:** If medications are brought to camp (prescription or over the counter), they must be in their **ORIGINAL** container, clearly labeled with the child’s name, and with you when you register. Please indicate if your child will require medication during their stay (please include medication name, dosage, administration schedule, and any other important information): \_\_\_\_\_  
\_\_\_\_\_

**Medical Conditions:** Please specify any condition (medical, pre-existing injuries, or otherwise) that you would like us to actively monitor at camp, and what steps need to be taken by the camp staff (including modifications to program): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent / Guardian Permission:** I declare that the above named child (camper)’s health is suitable for camping activities. I permit the Camp Director and First Aid Team to engage in on-site medical care as deemed necessary, including administration of medication I have brought for my child during their stay, and to use judgment in determining the extent of immediate medical care as required for this child and to the extent of using the emergency services of a hospital. I agree not to hold Camp Vincent staff liable for accidents or misfortune that may occur to the camper, knowing that every precaution shall be taken by staff to ensure the camper’s welfare and safety.

**Camper code of conduct (please read with child):** I, the camper, understand and agree to the following: (1) To adhere to the rules of Camp Vincent (St. Vincent de Paul Camp) explained on the first day of camp. (2) To respect myself, my fellow campers, the camp staff, the facilities, and the environment. (3) That there is a Zero-Tolerance policy toward physical and verbal aggression and the possession of cigarettes, drugs, alcohol, weapons, and any other inappropriate materials. I understand that if I break any of these rules or the rules put in place at camp that I may be sent home before the week is over and no refund will be provided.

I confirm that both I, and my child, understand the camper code of conduct (yes or no): \_\_\_\_\_

**Authorized Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_