



Camper Application 2010

Forest Cliff Camp
 8324 Glendale Drive
 Forest, ON N0N 1J0
 Phone 519-786-5996
 Fax 519-342-4902

No space will be held for any camper without a deposit. All registration forms must be in the Registrar's office with deposit or payment in full to secure a camper's space.

Last Name				First Name			
Address							
City		Province		Postal Code		Phone () - -	
Parent/Guardian E-Mail Address		Birth Date		Day / Month / Year		<input type="checkbox"/> Male <input type="checkbox"/> Female	Next Grade
Is this your first time at Forest Cliff Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, how did you hear about FCC?	
YOUTH CAMP Applicants entering grades 2-7				TEEN CAMP Applicants to be entering grades 7-9 (up to age 15)			
Youth Week 1	July 4 - 9			Girls Camp Teen Week		Aug 15 - 20	
Youth Week 2	July 11 - 16						
Youth Week 3	July 18 - 23			Co-ed Teen Week 1		Aug 22 - 27	
Youth Week 4	July 25 - 30			Co-ed Teen Week 2		Aug 29 - Sept 3	
Youth Week 5	Aug 1 - 6						
Youth Week 6	Aug 8 - 13			You will be contacted if the week you select is full.			

One MUTUAL cabin mate request – between applicant and one other camper ONLY:

_____ (Write one name only; if more than one name is written the 1st name shall be taken as the request; Forest Cliff Camp will work to honor mutual requests of campers of a similar age that both request each other. Forest Cliff Camp does not guarantee that the request will be met. If you have questions please call)

Please Indicate Camper's Swim Level _____

Church Information:

Home Church (if any)	City
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Camper Craft Selection: (Activities are assigned on a first registered first served basis)

Note: Activities are offered based on demand, weather, and availability. We reserve the right to substitute.

Please write your top 5 preferences (of which one (1) will be assigned) for morning craft:

- | | | | |
|----------|---------------|------------------|------------|
| 1. _____ | Archery | Canoeing | Drama |
| 2. _____ | Handcrafts | Horseback Riding | Kayaking |
| 3. _____ | Radio DJ | Riflery | Rocketry |
| 4. _____ | Sailing | Wacky Science | Wilderness |
| 5. _____ | Wall Climbing | Pinewood Racers | |

**Note: Morning craft will be the craft/skill each camper attends everyday
 Banana Boating is now a camp-wide activity and not an individual craft.**

Camper T-Shirt: *New Design* for 2010 = \$15.00 (HST included)

All t-shirt orders must be made with application and placed before **May 21, 2010**.

T-Shirts may be purchased or requested after May 21, 2010, however Forest Cliff Camp cannot guarantee size availability.

Please **circle** camper t-shirt size below and **write** \$15.00 in Payment Schedule.

- | | | |
|---|------------------------------------|---|
| <input type="radio"/> Youth Medium (Youth 8-10) | <input type="radio"/> Adult Small | <input type="radio"/> Adult Large |
| <input type="radio"/> Youth Large (Youth 10-12) | <input type="radio"/> Adult Medium | <input type="radio"/> Adult Extra-Large |

Camper Fees: *Fees include Tuck*

Youth Camp: \$420.00 + \$54.60 (HST 13%) = \$474.60

Teen Camp: \$440.00 + \$57.20 (HST 13%) = \$497.20

Family Fee: 1st and 2nd child pay regular fee, each additional child attending camp pays 50% of the regular fee plus tax.*Applications submitted prior to May 01, 2010 will attract 5% GST; applications received on or later than May 01 will attract the new HST of 13%. THIS IS A CHANGE TO PREVIOUS STATEMENT OF JULY 01.***We now have ONLINE REGISTRATION (www.fccamp.org)****Payment Schedule:** Please fill in the payment schedule below and then fill out payment information:

Camper Fee	
T-Shirt (\$15) Size:	
Optional Donation To Forest Cliff Camp	
Total Due	
Deposit (Required to hold a campers space)	\$100.00
Total Payment enclosed with Application	

Make cheques payable to: **Forest Cliff Camp.** (A **\$20.00 NSF fee** applies.)

Camper Confirmations will be mailed after application is processed.

Receipts will be issued upon completion of payment and available for pick up at camper drop off.

Receipts will be issued to the person making the payment.

If you wish to apply for sponsorship through Forest Cliff Camp, please check the box below and a Confidential Sponsorship Form will be mailed to you. All applicants are subject to Sponsorship Committee approval. There is **no guarantee** and all criteria must be met. Please send me a Confidential Sponsorship Form**Payment Information: (VISA, MasterCard, Cheque or Online)**

VISA or MasterCard (circle)	Amount Due:
Card Number:	Expiry Date:
Name on Card:	
Signature:	

Please note: The 1st Cheque must include the \$100.00 deposit and must not be post-dated. Payment must be complete by June 11, 2010

Total Amount Due:		
Cheque #	Date of Cheque	Amount
1 st Cheque (must include \$100 deposit)		
2 nd Cheque		
3 rd Cheque		
4 th Cheque (June 11, 2010)		

Cancellation Policy: *All* refunds are subject to **\$35.00 service charge**. A complete refund (*excluding the service charge*) is available with written notice, **45 days prior** to start of reserved week of camp. A 50% refund (*excluding the service charge*) with written notice, *within* 45 days of reserved week of camp. **Non-refundable if cancelled within 7 days of the reserved week of camp or thereafter.**

Please be sure to complete and return the health form even if the information is in our database as **we rely on you to keep it current!** Your application **will not be processed unless it is complete** (including health card #, tetanus date and signature). **Missing information will delay confirmation of your acceptance.**

FOREST CLIFF CAMP HEALTH RECORD

Medical Information: It is **extremely important** that you fill in each blank space **completely**, clearly and accurately. **Failure to do so will delay the processing of your child's application form.**
Do not assume that information is in our database, fill in all spaces.

Full Name:		Birth Date: <small>Day</small> / <small>Month</small> / <small>Year</small>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ontario Health Card No:-	Version:	Expiry Date: <small>Day</small> / <small>Month</small> / <small>Year</small>			
Street Address:		City:	Province:	Postal Code: -	
Parent/Guardian Information: (please indicate if there is a parent/guardian with full custody) Note: In the event of an emergency Forest Cliff Camp will contact parents/guardians in the order recorded below (1-4) unless otherwise noted.					
No.	Name	Phone Number	Relationship		
1.		H W C			
2.		H W C			
TWO Emergency phone numbers if parent/guardian cannot be reached					
No.	Name	Phone Number	Relationship		
3.		H W C			
4.		H W C			
Family Physician:			Phone Number:		
Allergies (please list all allergies, including food)					
Does this person have a life-threatening allergy ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it?			Tetanus – Date of last Tetanus Injection: (Must be within the last 10 years) <small>Month</small> / <small>Day</small> / <small>Year</small>		
Please specify any medical condition that will require monitoring while at camp:					
Please specify any medications currently being taken or taken in the last year:					
Medications brought to camp must be in a zip lock bag, clearly labeled with the person's name. When you sign in, all medications must be given to the nurse. This includes all prescription and over the counter drugs. Camp stocks only one or two brands of pain/fever control, antihistamines etc.					

Please add comments on the top of the next page as needed.

Waivers and Conditions of Enrolment: (Please Read Carefully Before Signing)

1. The Camp Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp. The parent/guardian certifies that the applicant camper is in good physical and emotional health, and amenable to normal camp authority.
2. I, as a parent or guardian, have legal custody of the child applying to Forest Cliff Camp.
3. I, the parent or guardian of the above named child, release Forest Cliff Camps, Inc., its directors, staff and agents from any loss, personal injury, accident, misfortune or damage to the above-named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named camper. Ontario Health Insurance or equivalent medical insurance must cover each camper.
4. Permission is given for my child to participate in all Forest Cliff Camp activities.
5. Permission is given for reasonable use of photographs and videos of my child for Forest Cliff Camp promotional materials.
6. Permission is given to provide normal medical attention to my child as needed, including the administration of over the counter medication by the camp nurse at his or her discretion. I also give permission to the physician selected by camp officials to secure proper treatment including hospitalization, injection, anesthesia or surgery for this minor. The parents/guardians are responsible for any additional expenses that may result from such services.
7. I have read and understand all the pages of this application form and I accept the conditions of enrolment.

Parent/Guardian Signature

Phone Number

Date

