

REGISTRATION FORM 2009

Camp Information

Registrar c/o Ontario Camping Ministries 88 Roman Cres. London ON. N5V4W3	office use only
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How To Register

To register for camp please complete both sides of this page, the health form, the code of conduct and send them along with a **legible photocopy of the front side of the camper's health card** and the non-refundable \$50 registration fee to the registrar.

Registrations will not be accepted without fully completed registration / health forms and health card information.

The cost for Junior-Chi Rho camp this year is \$210 and Youth Camp is \$180. To qualify for a \$20 early booking discount, registration forms must be received by May 11. Cut off date for registration is June 28. Late registrations will not be accepted without permission from the Camp Registrar and Director. Any late registrations that are approved must be accompanied by full payment. Once we have received your application and deposit, we will send you a confirmation, kit list, a map and a statement showing balance owing. Balance is due on camp drop off day

Please make all cheques payable to OACC ** there is a \$25 service charge for NSF cheques

The OACC Camping ministries programme committee reserves the right to cancel camps if necessary. In the event of cancellation all monies received shall be refunded.

Camper Information

Name: _____ Address: _____ _____ _____ Phone: _____ Email _____ Date of Birth: _____	Boy or Girl: _____ Grade (as of Sept. 2009): _____ Camp attending this Summer (check one) ___ Junior-Chi Rho July 19 - 25 grade 4 - 9 ___ Youth (OCYF) Aug 23 - 27 grade 10 - 12 Church Affiliation: _____
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Contacts while camper is at camp:

Parent / Guardian Contact Numbers	
Name _____	Name _____
Home No _____	Home No _____
Work No _____	Work No _____
Email _____	Email _____

Emergency Contact Numbers (if parents / guardians cannot be reached):	
Name _____	Name _____
Home No _____	Home No _____
Work No _____	Work No _____

Drop off & Pick up

Please Note:

Campers and family will be welcomed at the campgrounds during our Open House and Registration time on Sunday from 4:00 - 5:30. Family accompanying any late camper after 5:30 will not be allowed in cabins and we ask that all visitors leave the grounds by 5:30 so programming can commence.

Please indicate if someone other than the parent or legal guardian will be dropping off or picking up the camper. Also indicate if there are any custody restrictions, or if there is anyone who should **NOT** be allowed to pick up the camper:

Departures: Saturdays @ 11:00 a.m

Requests

Please indicate any special requirements or attention that the camper may need:

We will **try** to accommodate Campers requests to be placed in a cabin with a friend. Cabins will be assigned by the camp director on the first day of camp.

Cabin requested with:

Privacy

We are committed to the privacy of your personal information. Registration and Health Care information collected on these forms are used by the Ontario Assembly of Christian Churches for our regular camp operations only and is not shared with other organizations. Health care information may be shared with health care agencies when deemed necessary due to a medical emergency.

I give consent for the collection and use of this personal information

Parent / Guardian signature _____

Your child may be photographed during their time at camp. Please indicate if photos of your child may be used in camp promotional displays.

Please circle

Yes No

Permission and Pledge

The OACC Camping ministries programme committee reserves the right to send any camper home during camp if necessary at the discretion of the camp director.

I give permission for my child to participate in the camp program, and I agree to pay the balance of the camp fee upon arrival at camp. I understand that Parents or legal guardians are responsible for picking up their children in the event that the child must be sent home for disciplinary or health reasons. I have read and understand this form.

Parent / Guardian Signature: _____

Camper Health Form

It is extremely important that this section be filled out accurately, clearly and legibly.

Family Physician _____ Phone # _____

Check if any of the following is true:

Camper is: diabetic asthmatic epileptic

Camper wears: contact lenses hearing aid orthodontic equipment

Camper has problems with: nightmares bedwetting homesickness sleepwalking

Allergies _____

Tetanus date of last injection _____ (Must be within last 10 years)

Please specify any medical condition that will require monitoring or medications that need to be administered at camp.

If medications will be brought to camp they must be in ORIGINAL containers, clearly labeled with camper's name and instructions for use. This includes prescription and over the counter drugs. All medications are to be stored and administered by the camp nurse or first aid person.

In signing this application, the parent/guardian issues consent that:

1. I understand that in the event of an emergency every effort will be made to contact me. If I cannot be reached, however, I authorize the director or staff to refer the camper to medical authorities to provide diagnosis and treatment.

2. I authorize the director or designated first aid staff to administer medications I have sent for the camper during his/her stay.

(signature of parent/guardian)

Date: _____

Disciples of Christ Code of Conduct for Campers

To be completed by all campers

Camper's Name: (Print clearly) _____

Camp Program: _____

The Disciples of Christ camp program offers a safe and wholesome environment in which campers live, play, and learn as part of a greater community. Camper attitude and behaviour are critical to the success of the camp and each individual makes a difference in the quality of the camp experience.

In order to create a community atmosphere, campers are asked to follow these behavioural guidelines during their camp session. Any violations will be cause for discipline, which may result in restriction of privileges or dismissal from camp. Interpretation and application of the code is at the discretion of the Camp Director. Parents/Guardians of campers are required to make themselves available to pick up a camper should there be a major violation.

I will treat everyone in the camp community with respect at all times, including showing respect for another's personal belongings, privacy and feelings.

I will not discriminate against another individual based on race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sexual orientation, gender, age, record of offence, marital status or handicap as set out in the Ontario Human Rights Code.

I will respect the camps facilities and equipment and not take or destroy camp property.

I will not use obscene or foul language or gestures and I will not bring with me music with lyrics which contain obscene or foul language make reference to violent offensive actions.

I will not engage in any activity which may put myself, other campers or staff at risk (eg. criminal activity, drugs, etc.)

I agree to abide by the rules and regulation of the camp and understand that I am expected to follow directions and guidance provided by the camp staff.

I understand that I am expected to participate in the camp program as presented by the director and staff and promise to abide by the code of camper conduct and the camp rules.

Camper's Signature

Date

I have read and understand these behavioural expectations. Furthermore I have discussed these expectations with my child and he/she has agreed to abide by them at all times during his/her stay at camp.

Parent/Guardian

Date