2020 SUMMER DAY CAMP REGISTRATION FORM

 *ONE* FORM PER CAMPER page 1

Please check one: **** First Time Camper **** Returning Camper

*NB – Your child’s personal information is confidential and will only be made available to those who are deemed necessary i.e., specific camp personnel such as a first aider.*

**Camper’s Name** (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt./Unit \_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal/Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camper Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Health Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Version \_\_\_\_\_\_\_\_\_\_\_

Last grade completed as of June 30, 2020: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parent or guardian not available, in case of emergency, please contact:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (home) (business) (cell)

 I WOULD LIKE TO REGISTER FOR THE FOLLOWING WEEK(S) ***(please circle dates)***

****

**July 5 - July 11**

**July 12 - July 18**

**July 19 - July 25**

**July 26 - Aug. 1**

**Aug. 2 - Aug. 8**

 **Aug. 9 - Aug. 14**

 **Aug. 16 – Aug. 22**

 **Aug. 24 – Aug. 28**

**How did you first hear about Rocky Ridge Ranch? Please be specific.**

** Family  Friend  School  Church  Internet  Guides/Scouts, etc.**

** Advertisement  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### *PLEASE COMPLETE THE FOLLOWING TO THE BEST OF YOUR KNOWLEDGE*

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**MEDICAL INFORMATION**:

Has the camper been exposed to any communicable diseases within the 3 weeks prior to camp attendance? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Please check all current immunizations and provide the date of the last immunization:

|  |  |  |
| --- | --- | --- |
| € | Diphtheria/Tetanus | Date: |
| € | MMR – Measles/Mumps/Rubella | Date: |
| € | Polio | Date: |
| € | HBV – Hepatitis B | Date: |

Name of Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper’s present state of health**:

Please check if the camper has or has had any of the following: 

○ Asthma ○ ADD/ADHD ○ Anxiety ○ Appendicitis

○ Bed-wetting ○ Chicken Pox ○ Diabetes ○ Eating Disorder

○ Epilepsy/fainting ○ Frequent Colds ○ Frequent Ear Infections ○ Hay Fever

○ Head Aches ○ Heart Condition ○ Hepatitis ○ Lactose Intolerant

○ Measles ○ Mumps ○ Nosebleeds ○ Severe stomach aches

○ Rheumatic Fever ○ Sinusitis ○ Sleepwalking ○ Toothache

○ Tonsillitis ○ Whooping Cough ○ **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies**: Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Insect Stings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carry an Epipen? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* if your child requires special medication please indicate dosage and time it should be taken. Please ensure all medication is in the original container. **Prescription drugs must be in the original pharmacy container.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identify requirements for Special Care while at Day Camp. List: Medication and Dosage, Treatments. | Daily ScheduleTime: | Weekly: Please specify day | Other : Please specify | Reason for Treatment |
|  |  |  |  |  |
|  |  |  |  |  |

Camper may participate in: Swimming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We do not charge for minor medical attention performed by Camp staff. In the case of serious accident or illness, the services of a hospital, physician, dentist or any other related service (i.e., EMS) will be acquired and the charges will be made to the camper’s parents/guardians. Every reasonable attempt will be made to contact parents/guardians prior to services, wherever possible.*

*We will make every effort to ensure that your child does not have a food allergy reaction while at Rocky Ridge. We are not a peanut-free location (although all known peanut products are removed from our kitchen). Our goal is to help your child self-manage his/her condition.*

**Full Registration Fees**

* Regular Day Camp - $400.00 (Mon. – Fri.)

**Deposit Fees**

* $100.00 per ALL Day Camper Weeks with Registration Form
* **Balance due **before** camp arrival

***OPTIONAL CONTRIBUTION***

• The Ranch is an officially registered Charity. Would you consider supporting our Camper Scholarship fund,

 Volunteer Summer Staff Scholarship (help for college/university tuition)?

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(TAX DEDUCTIBLE Registered # 119122273)

*Total amount enclosed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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### CONDITIONS OF REGISTRATION - (includes waiver/medical release)

By signing this application, the parent/guardian certifies and agrees that:

**Medical Information:**

* I certify that this camper is in good health and/or has been seen by a physician prior to attending this present camp week.
* Rocky Ridge Ranch may, if it considers it necessary, obtain and approve any emergency medical attention which may be reasonably necessary to the applicant camper’s welfare and good health or arrange for any special services or other requirements which it considers to be in the best interests of the applicant camper. The parent or guardian agrees to pay for any and all such services or requirements which have been utilized. Every reasonable attempt will be made to contact parents/guardians prior to services, wherever possible.

 **Liability:**

* While Rocky Ridge Ranch is dedicated to ensuring that every precaution is taken to safeguard the welfare of each applicant camper it is understood that there are certain activities that involve an inherent higher degree of risk. These risks of participation can be significantly reduced by carefully following instructions at all times. I acknowledge, freely accept and fully assume, on my behalf and on behalf of my camper (child), all risks, dangers and hazards of the Camp Activities, whether those risks are inherent or not, including the possibility of personal injury, including death, or property damage and any resulting loss. Rocky Ridge Ranch, its officers, directors, agents and employees (“Releasees”) cannot be held responsible therefore, and are hereby released from any and all claims (or future claims) and liability for damages or accidental harm which may occur to the applicant camper or his or her property.

**Dismissal/Behaviour:**

* Rocky Ridge Ranch’s Camp Director reserves the right to dismiss a camper who in his opinion is a hazard to the safety, rights and well-being of others and who has rejected the reasonable rules and controls of the Ranch. No refund will be issued. I agree to reimburse Rocky Ridge Ranch for any willful or intentional damage to property.

**Promotional Photos:**

* I give the staff of Rocky Ridge Ranch permission to photograph/video the applicant camper while in attendance at Rocky Ridge Ranch for use in promotional materials which includes but is not limited to website, brochure, postcards, Facebook and other print, digital or electronic media.

**Lost Items:**

* Rocky Ridge Ranch is not responsible for any personal belongings that are lost, stolen or damaged. Found articles of clothing are collected at the end of each week and held until claimed or at the end of September are donated to a charitable organization.

 **Cancellation Policy:**

* A deposit fee of $100.00 (Can.) per camper per week is required with the application form. The deposit is non-refundable. No refund will be made for late arrival, early departure or dismissal due to disciplinary action. In the case of early withdrawal for medical reasons, refunds will be provided on a prorated basis as determined by the Director.

##

**I confirm that I am the parent or legal guardian of the applicant camper. If there are any conditions of custody, I will ensure that Rocky Ridge Ranch has written confirmation (photocopy of the appropriate section of the legal document) of the visitation rights.**

**I have read and understand all of the above information and I agree to be bound by the terms. I am aware that I am waiving any legal rights by agreeing to sign below re the waiver of liability and medical release. I confirm that all the information supplied on this form is complete and correct.**

**I give consent for the Ranch first-aid staff to administer to my camper non-prescription medication such as Tylenol, Advil, antihistamines, Gravol, cough medicine, etc., if the need arises.**

**I give consent for the Ranch first-aid staff to obtain and approve any emergency medical attention, which may reasonably appear necessary to my camper’s welfare and good health.**

**Rocky Ridge Ranch Inc. requests your consent to continue to receive valuable information about us, events like Open House, newsletters, etc., by email. Your signature confirms that you agree to have your name on our email list. You can unsubscribe at any time.**



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 Name of parent or guardian: (**Please print**)

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

 Date **Signature** of Parent/Guardian certifying acceptance of all conditions hereon

Privacy Policy: Guests can be assured that the information they provide for reservation and registration will be kept private and used solely for the purpose of their stay at Rocky Ridge Ranch.

(For complete policy please visit our website.)

RETURN ADDRESS – ROCKY RIDGE RANCH 10486 5TH LINE NASSAGAWEYA

R.R.#2 ROCKWOOD ON N0B 2K0

 PHONE (905)854-2584 FAX/PHONE (905)854-0964

 E-MAIL info@rockyridgeranch.org WEBSITE www.rockyridgeranch.org