



2023 SUMMER CAMP REGISTRATION FORM

ONE FORM PER CAMPER - DAY CAMP OVERNIGHT

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 _____

USA Insurance _____

Last grade completed as of June 30, 2023: _____

Parent/Guardian:

1. _____ Home Phone () _____ Work () _____

Cell () _____ Email _____

2. _____ 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 BUNK WITH _____

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

July 2 – July 7 (13 – 15 yr olds) - A favourite for Teens!!

July 9 - July 14 (11-13 yr olds)

July 16 - July 21 (11-13 yr olds)

July 23 - July 28 (8 - 15)

July 30 - Aug. 4 (8 - 15)

****ALSO Junior Day Camp - 5 – 7 year olds (July 31 - August 4)**

Aug. 6 - Aug. 11 (8 - 15)

Aug. 13 - Aug. 19 (8 - 15)

Aug. 20 – Aug. 25 (8 - 15)



DAY CAMP is available each week (except Teen Week)

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

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:

<input type="checkbox"/>	Diphtheria/Tetanus	Date:
<input type="checkbox"/>	MMR – Measles/Mumps/Rubella	Date:
<input type="checkbox"/>	Polio	Date:
<input type="checkbox"/>	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:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Epilepsy/fainting | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Head Aches | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Lactose Intolerant |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Severe stomach aches |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Toothache |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Other: _____ | |

Allergies: Medication _____ Food _____

Insect Stings _____ Carry an EpiPen? Yes _____ No _____

Other _____

* Special medication, dosage and when 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 Camp. List: Medication and Dosage, Treatments.	Daily Schedule				Weekly: Please specify day	Other : Please specify	Reason for Treatment
	8 am	Lunch	Dinner	Bed			

Special diet (ie: lactose intolerant, vegetarian, etc.) _____

Camper may participate in: Swimming _____ Physical activity _____

Other suggestions from parents to assist us to help your child have a successful & enjoyable week(s) of camp. (Use another sheet of paper if necessary.)



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 Camp – 1 child, 1 family - \$675.00
- Family Rate - more than 1 child in the same family - \$650.00
- Regular & Junior (5 – 7 year olds) Day Camp - \$465.00 (Mon. – Fri.)

Deposit Fees

- \$150.00 per Ranch Camper Week with Registration Form
- \$100.00 per ALL Day Camper Weeks with Registration Form
- Balance due 1 week prior (or before) camp arrival

“Specials” and Extra Fees

- ◇ Register before March 1st and receive a free T-shirt
- ◇ More than 1 child in the same family save \$25.00 per child
- ◇ Stay an additional week(s) save 10% off regular camp price
- ◇ Fill a cabin with **5 or more new** campers and your week is **FREE!**
- ◇ Waldo Photos - 1 Week Session: \$9.99 +\$5 for each additional week; - photos taken thru the week and sent to your mobile phone – more details to come (Pay Waldo Photos directly)
- ◇ **Pre-order** a Ranch T-shirt - \$20.00, Hat - \$22.00 or a Ranch hoodie - \$50.00 – **before May 31, 2023**
 Adult S _____ Adult M _____ Adult L _____ Adult XL _____ Adult XXL _____

<p>OPTIONAL CONTRIBUTION</p> <ul style="list-style-type: none"> • The Ranch is an officially registered Charity. Would you consider supporting our Camper Scholarship fund, Volunteer Summer Staff Scholarship (help for college/university tuition)? <p style="text-align: center;">\$ _____</p> <p style="text-align: center;">(TAX DEDUCTIBLE Registered # 119122273)</p>
--

Total amount enclosed \$ _____

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 their 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 \$150.00 (Can.) per camper per week is required with the application form. (Day Camp - \$100.00). The deposit is non-refundable after May 15. Prior to May 15 there is a cancellation fee of \$50.00. There is a \$30.00 charge for NSF cheques. 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.



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 NOB 2K0	
PHONE (905)854-2584	FAX/PHONE (905)854-0964
E-MAIL info@rockyridgeranch.org	WEBSITE www.rockyridgeranch.org