

GRAND EXPERIENCES

Canoe & Kayak Summer Camp Registration 2016

First Child

Camper's name: _____

Age: _____ Date of Birth: ____/____/____ Male ____ / Female ____
Month / Day / Year

Second Child

Camper's name: _____

Age: _____ Date of Birth: ____/____/____ Male ____ / Female ____
Month Day Year

Parents/Guardians: _____

Address: _____

Home phone: _____ Parent _____ Alt. number: _____
Parent _____ Alt. number: _____

Please mark the camp dates you would like to enroll in: (if more than 1 child please indicate child & week(s))

Youth Beginner Camp (\$3; ;) **July 4-8** ____ / **July 11-15** ____ / **July 25-29** ____
Aug 8-12 ____

Youth Intermediate Camp (\$259*) **July 11-15** ____ / **July 18-22** ____
/Aug 8-12 ____ / **Aug 15-19** ____

Youth Advanced Camp (\$349*) **Aug 15-19** ____ / **Aug 22-26** ____

* 2015 prices, 2016 prices come into effect Feb 1

Camp Runs from 9am to 4:30 pm with drop-off between 8:30 – 9 am & pick-up 4:30 – 5 pm. Please talk to our staff re: earlier drop-off &/or later pick-up

If child is to be picked up by persons other then legally named parents/guardians please complete following

I authorize that my child can be picked up at an alternate person

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Did your child attend day camp last summer? _____ Which Skill Level _____

If yes, how many previous summers? _____

Please indicate interests, approaches &/or behaviour management styles that work well with your child.

1st Child: _____

2nd Child: _____

Please circle appropriate t-shirt Size:

1st Child: Child S Adult Medium Adult XL

2nd Child: Child S Adult Medium Adult XL

Ontario health card number:

1st Child: _____

2nd Child: _____

First Emergency Contact Name and Phone number: _____

Second emergency Contact Name and Phone Number: _____

Physician's Name and Phone Number: _____

Health:

1st Child: _____

Allergies:

Penicillin _____ Bee Stings _____ Drugs _____ Animals _____ Foods _____ Others _____

Please Specify _____

Immunization: Please indicate dates for the following:

Measles, Mumps, rubella (MMR): _____

Diphtheria, Pertussis, Tetanus, and Polio (DPTP): _____

Medical Condition: Are there any serious medical conditions that you feel the camp should be aware of?

Please attach a note related to the following conditions or any other health restrictions.

Heart condition _____	Seizures _____	Appendicitis _____
Diabetes _____	Fainting- _____	Asthma _____
Frequent Ear infections _____	Hay Fever _____	Hepatitis _____
Sinus trouble _____	Headaches _____	Frequent colds _____
Kidney trouble _____	Severe stomach aches _____	Other : _____

Medication: If you are sending medication to camp:

- 1) Send all medication in original bottles

2) Attach a note indicating camper's name, phone number, dosage and time to administer.
My child is going to be taken off the following regular medication for day camp _____

Swimming level- _____ a life jacket is needed in the pool Yes, _____
(PFDs always worn in canoes & kayaks)

2nd Child: _____

Allergies:

Penicillin _____ Bee Stings _____ Drugs _____ Animals _____ Foods _____ Others _____

Please Specify _____

Immunization: Please indicate dates for the following:

Measles, Mumps, rubella (MMR): _____

Diphtheria, Pertussis, Tetanus, and Polio (DPTP): _____

Medical Condition: Are there any serious medical conditions that you feel the camp should be aware of?
Please attach a note related to the following conditions or any other health restrictions.

Heart condition _____	Seizures _____	Appendicitis _____
Diabetes _____	Fainting- _____	Asthma _____
Frequent Ear infections _____	Hay Fever _____	Hepatitis _____
Sinus trouble _____	Headaches _____	Frequent colds _____
Kidney trouble _____	Severe stomach aches _____	Other : _____

Medication: If you are sending medication to camp:

- 1) Send all medication in original bottles
- 2) Attach a note indicating camper's name, phone number, dosage and time to administer.

My child is going to be taken off the following regular medication for day camp:-----

Swimming level- _____ a life jacket is needed in the pool, Yes _____
(PFDs always worn in canoes & kayaks)

Canoeing Experience _____

To the best of my knowledge, my child is in a good health and has not been exposed to any infectious diseases in the past four weeks. If he or she became exposed to any infectious diseases, or experienced any change in health status between now and the beginning of the camp period, I understand the camp must be notified in writing. I have disclosed all pertinent medical information including information regarding prescription medications. I hereby give permission to allow my child's physician to give medical information about my child should it be required by the camp. I permit the camp Lifeguards or First Aider's to use their judgment in determining the extent of immediate medical care as required for my child and the possibility of using the emergency service of a hospital.

I give my permission for my child to attend Day Camp. I understand that my child may be dismissed from camp if their behaviour warrants it, and my registration fee will be forfeited. I give my permission that any photographs and videos may be used for publicity.

Parent/Guardian Signature: _____ Date: _____

Copy without signature can be emailed in for registratin. Signed copy can be mailed or brought into shop by first camp day

Your child will be registered when you return the completed Registration and Health & Safety form and full payment has been made.

Payment Options; Visa ___ Master Card ___ Cheque ___ Cash/Debit ___

Visa/American Express payments can be made by phone, on-line or in person at our shop. Cheques can be mailed or dropped of and all methods are accepted at our shop. Please do not mail cash. Please make cheque payable to Grand Experiences and return with completed form to Grand Experiences, 113 Grand River St. N, Paris, Ontario, N3L 2M4.

What to Bring

- | | |
|--------------------------------|--------------------------------|
| -Sunscreen | -Change of Clothes |
| -Bathing suit | -Wet & Dry Footwear |
| -Sunglasses | -Towel |
| -Lanyard for eyeglasses | -Water Bottle |
| -Hat | -Lunch |

Optional

Paddles, PFDs and Canoes are provided but please feel free to bring your own

GRAND EXPERIENCES

Outdoor Adventure Company

113 Grand River St. N. Paris, ON N3L 2M4

519-442-3654 1-888-258-0441 info@grand-experiences.com

www.grand-experiences.com