



# DISCIPLESHIP TRAINING APPLICATION FORM 2019

Return to: Countryside Camp and Conference Centre, 1985 Beke Rd – RR 4, Cambridge, ON. N1R 5S5  
Phone: 519-623-4860 • Toll Free: 1-888-CAMP-RCA • Fax: 519-623-4558 • www.countrysidecamp.com

**SAVE \$10 IF YOU REGISTER ONLINE**

*Countryside Camp & Conference Centre is a Christ-Centered Organization promoting global community & greater good through a commitment to love God and love our neighbour. Our programs reflect the belief that each individual's life is important to God and makes a difference to all...*

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Camper E-mail \_\_\_\_\_  
Required. We will contact you by this email

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Application: \_\_\_\_\_ Age: \_\_\_\_\_ Gender M / F Grade in Fall: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

• **DISCIPLESHIP** (Grades 10-12)



The DISC program has been changing lives and raising up future leaders for many years. Part of this program is a week-long mission trip to inner-city Toronto, co-counselling a cabin of adults who have special needs and helping out in the community through local service opportunities. You will be sure to further your faith with in-depth Bible studies and great discussions. If you want to be a counsellor someday, this is a great way to develop your leadership skills.

**\*Note\*** There will be an interview before the beginning of the DISC program. Interviews will be by appointment, either in person or by phone around the middle of June, 2019.  
 DISC campers are required to have 2019 police check to participate in the program.

Program	Session	Cost Per Person	TOTAL:
<b>DISC</b> Discipleship	<b>July 7<sup>th</sup> – Aug 16<sup>th</sup></b>	<b>\$1250</b>	

<b>PAYMENT OPTIONS: Please check one</b> <input type="checkbox"/> Payment in Full - BY CREDIT CARD (credit card payments in full - no exceptions) <input type="checkbox"/> Payment in Full* - BY CHEQUE Make cheques payable to: Countryside Camp <input type="checkbox"/> A sponsor is paying my balance and I have included a letter of explanation. <small>*Please include any/all cheques with registration</small>	<b>Fees X 13%: \$162.50</b>  <b>Sibling Discount</b> If you are registering a 2 <sup>nd</sup> family member subtract \$20. If you are registering a 3 <sup>rd</sup> or more family member subtract \$40.
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<b>Credit Card</b>	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
	Card # _____ / _____ Name on Card: _____ MM/YY
	<b>Signature:</b> _____ V-Code _____

<b>T-Shirt Size</b> <input type="checkbox"/> Adult (S, M, L, XL) Sizes Only	<b>Conditions:</b> <small>All children must be immediate family members. Include in same envelope.</small>	(Optional) <b>Camp T-Shirt \$15:</b>
<b>EARLY BIRD DISCOUNT</b> <small>(If Full Payment is made by April 15<sup>th</sup>, Subtract \$50):</small>		
<b>TOTAL COST:</b>		

**PHONE CALLS:** Campers may make a collect call home during the camping session if he/she should need to do so in an emergency only or as deemed necessary by the Program Director



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1-888-226-7722, www.countrysidecamp.com

## GENERAL INFORMATION (Please Print Clearly)

Parent/Guardian Name (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Enter Your Email Address to Receive Updates on Camp Shalom: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Father or Other (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Summer Phone (\_\_\_\_\_) \_\_\_\_\_ Business Mother or Other (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone Father (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Mother (\_\_\_\_\_) \_\_\_\_\_

Emerg. Contact #1 Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Emerg. Contact #2 Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

## MEDICAL INFORMATION

Birth Date \_\_\_/\_\_\_/\_\_\_\_\_ MM/DD/YYYY Health Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Version Code

Does the camper have any physical, emotional, mental, social challenges/behaviours? (circle) Yes / No

Behaviours: (Explain) \_\_\_\_\_

Is the camper on regular medication? (circle) Yes / No

Does the camper have any allergies? (circle) Yes / No

Medication and Allergies: (Explain) \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT NOTICE:** All medications must be in original labeled containers or blister packs (blister packs can be prepared by your pharmacist). Any medication not in an original container or blister pack upon arrival will not be administered.  
**NO EXCEPTIONS**

Food Allergy Policy: Our desire is to create a safe environment for children. We will make reasonable efforts to ensure that your child does not have a food allergy attack while at "Camp Shalom". **We are not a peanut-free location.** Our goal is to help children self-manage their condition.  
FOR MORE INFORMATION CALL: 1-888-226-7722.

Family Doctor: (Full Name) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Recent Injuries, Illnesses or Surgeries: \_\_\_\_\_

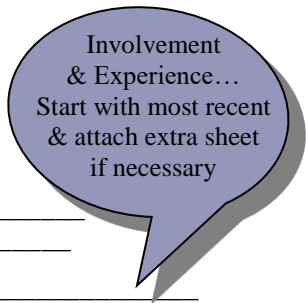
### CONDITIONS OF ENROLMENT:

1. The Managing Director reserves the right to dismiss a camper who is in his/her opinion a hazard to the safety and rights of others, or who appears to him/her to have rejected the reasonable controls of "Camp Shalom".
2. The parent(s) or guardian(s) submitting this application are those having legal custody over the child/camper. Conditions of custody, if applicable, must be fully communicated in writing to "Camp Shalom", including, if applicable, a photocopy section of any court order referring to visitation rights. The signature on the registration form signifies that both parents/guardians are in agreement with the conditions of enrolment.
3. Care is taken for the safety and good health of campers, but in the event of accident or sickness, "Camp Shalom", including the board of directors and staff, and the owners and the employees of facilities outside of the camp grounds are hereby released from any liability. Each camper must be covered by Provincial Health Insurance or equivalent medical insurance.
4. In the event that a camper requires special medical attention, x-ray or treatment beyond that which is available at "Camp Shalom", the parents/guardians will be notified immediately and will be charged with the additional expense of transportation and special care.
5. I give permission for the Camp Medical Staff to administer any non-prescription drugs as may be required. Any prescription drugs required by the camper should be brought in sufficient quantities as required for the duration of the camper's stay and must be checked in with the Camp Medical Staff upon arrival, who will administer them according to the appropriate schedule.
6. In case of surgical emergency, I hereby give permission to the physician selected by the Program Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/camper as named above.
7. "Camp Shalom" requires that campers who have potentially life-threatening conditions such as peanut allergies be able to manage their exposure to those substances, provide two sets of medication, be familiar with its use and carry the medication in a fanny pack.
8. In case of withdrawal during the camp session on the physician's order, up to two thirds of the fee for the unexpired term will be refunded. No refund will be made for dismissals due to disciplinary action, late arrivals, early departures or head lice.
9. I understand that though every precaution is taken to ensure campers safety and well-being, there is the potential for contact with insects, poison ivy and/or poison oak during a camping session.
10. I understand that campers who take part in out-trips will have their medications administered by a staff member trained in First-Aid.
11. I give permission for my child/camper to take part in group out-trips (such as Pinehurst Conservation Area), realizing that transportation will likely occur in a rented bus, and that there will be an appropriate ratio of supervision (including at least one staff member with First Aid training).
12. "Camp Shalom" encourages staff to keep in contact with campers periodically throughout the year. I the parent/guardian permit such contact.
13. "Camp Shalom" has permission to use any image or likeness or recording of my child/camper for promotional material and/or records.
14. The per-session 1/2 fee deposit is non-refundable for cancellations made after May 14th. For cancellation prior to May 15th, there is a \$50 cancellation fee.
15. All programs require a minimum number of participants before they will run.



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## 1. PERSONAL INFORMATION:

Name & City of Church that you attend: \_\_\_\_\_

Denomination: \_\_\_\_\_

Church Involvement: \_\_\_\_\_

Community Leadership & Volunteer experience: \_\_\_\_\_

School Leadership & Volunteer experience: \_\_\_\_\_

## 2. REFERENCES:

Please provide contact information for 2 people who can verify your character and your leadership, volunteer, or community involvement. They must be 21 years or older – no family members, please.

a) Pastor or Church Elder:  
Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

b) Work, School or Community Reference:  
Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## 3. Short Answer Questions\* Please answer the following questions on a separate sheet:

1. What does faith mean to you? Explain what it means to you to have faith in Jesus as your Saviour.
2. How has God influenced your life in the past year?
3. What is your definition of leadership?
4. What would you like to learn in the program? (list any topics or issues)

**Police Checks  
& Volunteering**

The cabin co-counsellor and mission trip component of the **DISC Program** makes it necessary for program participants to obtain a **Criminal Records Check** prior to beginning the program. Also, if you'd like to **VOLUNTEER** at camp, either before or after your program, you must fill out a separate **Volunteer Application** form. In order to volunteer you must be 16 years old, and will also need to have a **Criminal Records Check** completed, so please apply well in advance of when you wish to volunteer.

Parent/Guardian Consent: I hereby give permission for my son/daughter/dependent to participate in all camp activities. In case of emergency, I permit him/her to receive medical care, as administered or recommended by the camp nurse.

\_\_\_\_\_  
Leadership Program Participant (please print)

\_\_\_\_\_  
Parent or Guardian Name (please print)

\_\_\_\_\_  
Leadership Program Participant Signature

\_\_\_\_\_  
Parent or Guardian Signature

All DISC participants are required to have an interview with the Discipleship Coordinators before the beginning of the program. The purpose of the interview is for us to learn about you, for you to learn about us, and to help us build a suitable program providing the best challenge & support for participants. We will email you to setup times around the beginning of June.