



# 2019 SPECIAL SUPPORT REGISTRATION FORM

Countryside Camp, 1985 Beke Rd. RR #4, Cambridge, ON  
N1R 5S5, 1-888-226-7722, www.countrysidecamp.com

**ONLINE REGISTRATION AVAILABLE**

**Save \$10 if you register online**

## 1. PERSONAL INFORMATION:

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Apt. \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YYYY Gender: M / F  
 Preferred Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ Is this the camper's first time attending Camp Shalom?  Yes  No

## 2. DATE AND PAYMENT:

PLEASE NUMBER DESIRED DATES IN ORDER OF PREFERENCE (e.g.: #1, #2).  Darkened areas = program is unavailable during those weeks.		June 30 - July 5	July 7-12	July 14-19	July 21-26	July 28-Aug 2	Aug 4-9	Aug 11-16	Aug 18-23	EARLY BIRD PRICE  Before April 15 <sup>th</sup>	FULL PRICE  After April 15 <sup>th</sup>	TOTAL:
CAMPER AGE	CAMP LENGTH	SESSION							COST PER SESSION			
<b>SPECIAL SUPPORT RESIDENTIAL</b> 18 years old and up Sunday - Friday										\$1040 TAX EXEMPT	\$1090 TAX EXEMPT	
<b>SPEC TREK</b> 18 years old and up Sunday - Friday										\$1040 TAX EXEMPT	\$1090 TAX EXEMPT	
<b>SPEC SPORTS</b> 18 years old and up Sunday - Friday										\$1040 TAX EXEMPT	\$1090 TAX EXEMPT	
<b>SPEC ARTS</b> 18 years old and up Sunday - Friday										\$1040 TAX EXEMPT	\$1090 TAX EXEMPT	
<b>BUDDY PROGRAM</b> 7-17 years old Sunday - Friday										\$1040 TAX EXEMPT	\$1090 TAX EXEMPT	

### PAYMENT INFORMATION: Please read before proceeding to Options.

- EARLY BIRD discounts only available on payments made in full & before April 15<sup>th</sup>
- At least a ½ fee deposit per camper, per week, is required for registration.
- The ½ fee is non-refundable for cancellations made after May 14.
- Cancellations made prior to May 15 will be assessed a \$50 cancellation fee.
- If paying by credit card, full payment is necessary.
- Incomplete application or incomplete payment will put your application on hold.
- If your fees are being paid by a sponsor, please include a letter of explanation.

**OPTIONAL**

SUBTOTAL: \_\_\_\_\_

T-shirt Size:  
Adult (S, M, L, XL)  
sizes only

Camp T-Shirt \$15

I would like to make a donation  
to Countryside Camp\*

\*Tax receipts issued for amounts greater than \$25

### PAYMENT OPTIONS: Please check one.

- Payment in Full – BY CREDIT CARD (credit card payments in full – no exceptions)  
 Payment in Full\* – BY CHEQUE (include with registration)  
 2-Step payment\*: 1) ½ payment now BY CHEQUE ONLY, with  
 2) Balance by CHEQUE ONLY postdated JUNE 1, 2019  
 (or April 15<sup>th</sup>, 2019 to be eligible for early bird discount)  
 A sponsor is paying my balance and I have included a letter of explanation.

\*Please include any/all cheques with registration

TOTAL COST: \_\_\_\_\_

### CREDIT CARD INFORMATION

VISA  MASTERCARD

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ MM / YY V-Code \_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Make cheques payable to:  
 Countryside Camp,  
 1985 Beke Rd. – RR #4,  
 Cambridge, ON, N1R 5S5  
 For More Registration Info, call  
 1-888-226-7722 or (519) 623-4860.  
 Fax (519) 623-4558.  
 Or see our website: www.countrysidecamp.com

2019 T-Shirt Preview



**3. PLACE OF WORSHIP:** (if applicable)

Name of Church: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. PRIMARY CONTACT:**

Name of Organization/Association (if applicable): \_\_\_\_\_

Contact Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ P.C.: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**5. SECONDARY CONTACT:**

Contact Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**6. SOCIAL/RECREATIONAL CONSIDERATIONS:**

Is there someone the camper wants to room with? Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Is there someone they should not room with? Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

**7. ALLERGIES/DIET:**

Does your camper have any allergies?  Yes  No

Please Note: Our desire is to create a safe environment for campers. We will make reasonable efforts to ensure that your camper does not have a food allergy attack while at "Camp Shalom". We are not a peanut-free location. (list all allergies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your camper require an EpiPen??  Yes  No Explain: \_\_\_\_\_  
\_\_\_\_\_

Does your camper have any dietary restrictions?  Yes  No Explain: \_\_\_\_\_  
\_\_\_\_\_

If you feel that you need to speak with one of our kitchen staff directly feel free to call the office at 519-623-4860 x1x4. You may also do so during check-in when you arrive.

**8. MEDICATIONS:** *\*Please also see section 15 if the camper is bringing medication*

**You may choose to use the MAR sheet at the end of this form instead of the lines below.**

Please list all medication and/or treatments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(attach additional sheet if necessary)*

Is there anything the camp needs to be aware of when giving over-the-counter medications to your camper? (Countryside Camp reserves the right to give over-the-counter medications as per the medical staff's discretion.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. BEHAVIOURAL CONSIDERATIONS:**

Has your camper exhibited, or is currently exhibiting, any of the following behaviours?

- 1) Poor Manners?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_
- 2) Inappropriate Sexual Behaviour?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_
- 3) Inability to Adapt to Change?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_
- 4) Violent Behaviour?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_
- 5) Argumentative?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_
- 6) Emotional Instability?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_
- 7) Homesickness?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_
- 8) Eating Disorder?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_
- 9) Other?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_

Does the camper require constant supervision?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (If yes, see section 13)

Does the camper engage in behaviours that require you to intervene?  Never  Rarely\*  Frequently\*  
 \*If answering 'Frequently' or 'Rarely' please see Section 13.

Describe the behaviour: (severity, frequency, cause and early warning signs) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (attach additional sheet if necessary)

How do you typically intervene in these instances? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (attach additional sheet if necessary)

Does the camper have any significant fears?  Yes  No Explain: \_\_\_\_\_  
 \_\_\_\_\_

**10. PHYSICAL LIMITATIONS:**

Does the camper have any physical limitations?  Yes  No *Please describe in detail. Note: Campers must be able to dress and toilet themselves with very minimum assistance. If they cannot, you may supply your own support worker for an additional \$50 fee:* \_\_\_\_\_

\_\_\_\_\_

Does the camper use a wheelchair or other mobility aid?  Yes  No *Please describe in detail. Note: Campers must be able to dress and toilet themselves with very minimum assistance. If they cannot, you may supply your own support worker for an additional \$50 fee:* \_\_\_\_\_

\_\_\_\_\_

Is the camper's speech hard to understand?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

**11. OTHER:**

Does the camper have any communicable diseases?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

Does the camper have seizures?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

Has there been any major health issues in the last year?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

What is the camper's primary diagnosis? \_\_\_\_\_

\_\_\_\_\_

Please list any other information the camp should know about your camper. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. MEDICAL INFORMATION:**

Health Card #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Version Code

Doctor's Phone: \_\_\_\_\_

**Don't forget to sign the last page...**

**13. LOW SUPPORT vs. HIGH SUPPORT ASSESSMENT:**

See the chart below to determine if an individual requires “low support” or “high support.” Individuals who require high support are invited to attend our program if they supply their own support worker. There is an additional \$50 fee to bring your own support worker.

Criteria	Low Support	High Support (Support Worker Required)
1. Requires support/direction while toileting	<input type="checkbox"/> Minimal	<input type="checkbox"/> Hand-over-Hand or 1:1
2. Requires support/direction while bathing	<input type="checkbox"/> Minimal	<input type="checkbox"/> Hand-over-Hand or 1:1
3. Requires support/direction while dressing	<input type="checkbox"/> Minimal	<input type="checkbox"/> Hand-over-Hand or 1:1
4. Requires support/direction at meal time	<input type="checkbox"/> Minimal	<input type="checkbox"/> Hand-over-Hand or 1:1
5. Exhibits behaviours requiring extra intervention*	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. The camper’s sleeping habits:	<input type="checkbox"/> 4+ hours/night, No wandering at night	<input type="checkbox"/> Less than 4 hours/night and/or prone to wandering

*\*including, but not limited to: non-compliance, sexual aggression, violence toward others and/or self-abuse*

**Please Note: Camp Shalom is unable to provide lifting. Campers must be able to toilet and dress themselves with very minimal assistance.**

**Each camper will be in a cabin with around 5 other campers and 1 (sometimes 2) counselors. This should give you an idea what level of attention each camper is able to receive.**

For any questions, don’t hesitate to call or email the Program Director at 1-888-226-7722 or see our website at [www.countrysidecamp.com](http://www.countrysidecamp.com).

**14. CONDITIONS OF ENROLMENT: Remember to sign section 16 on page 6**

- 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”.
- 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.
- 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.
- 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.
- 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.
- 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.
- “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.
- 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.
- 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.
- I understand that campers who take part in out-trips will have their medications administered by a staff member trained in First-Aid.
- I give permission for my child/camper to take part in group out-trips (such as to 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).
- “Camp Shalom” encourages staff to keep in contact with campers periodically throughout the year. I the parent/guardian permit such contact.
- “Camp Shalom” has permission to use any image or likeness or recording of my child/camper for promotional material and/or records.
- 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.
- All programs require a minimum number of participants before they will run.

**Don’t forget to sign the last page...**

**15. NOTE ON MEDICATIONS:**

- ALL MEDICATIONS brought to camp for the camper's use **MUST** be in:
  1. Pharmacist-prepared Blister ("heat sealed" or "bubble") packs
  2. Original containers
- Medications in self-filled dossets or secondary containers can NOT be administered.
- Campers ***will not be accepted for registration and must return home*** if arriving with medications in containers other than blister packs or original containers. NO EXCEPTIONS. This is for camper safety.
- Health Care staff must administer from a pharmacist-prepared blister pack or from an original container. Blister/heat-sealed/bubble packs are preferable & can be prepared by your pharmacist for little/no fee.

**Blister Packs make medication administration smoother**



**DON'T FORGET TO SIGN**

**16. SIGNATURE REQUIRED TO PROCESS REGISTRATION:**

I have read, understood, and accepted the conditions of enrolment as stated in section 14. I have fully completed pages 1-6 of "Camp Shalom's" Special Support Registration Form, and verify that all information submitted is true, current, and correct.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Guardian/Caregiver Name                      Guardian/Caregiver Signature                      Date MM/DD/YYYY