



Camper's Name _____

2021 CAMPER REGISTRATION

Please use ONE Registration Form per camper per desired session. REMINDER: A different Registration Form is required for Special Support, Day Camp and DISC Campers. Visit www.countrysidecamp.com for more Registration Forms.

SAVE \$10 IF YOU REGISTER ONLINE. PAYMENT PLANS AVAILABLE ONLINE.

PLEASE NUMBER

DESIRED DATES IN ORDER OF PREFERENCE (EG. 1,2,3) IN WHITE SESSION BOXES.

Darkened areas = program is unavailable during those weeks

JULY 4-9	JULY 11-16	JULY 18-23	JULY 25-30	AUG 1-6	AUG 8-13	AUG 15-20	AUG 22-27
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Grade Entering in Sept.	Session Length	AVAILABLE SESSIONS								Fee	TOTAL
MUNCHKINS Grades 1-3 Sun-Tues or Wed-Fri								15-17	18-20	\$250	
MUNCHKINS RELOADED Grades 1-3 Sunday-Friday										\$570	
ADVENTURE CAMP Grades 4-9 Sunday-Friday										\$570	
THE QUEST Grades 8-12 Sunday-Friday										\$570	

PAYMENT INFORMATION: Please read before proceeding to Payment Options

- EARLY BIRD discounts apply only to payments in full by April 15.
- At least a 1/2 fee deposit per camper, per week, is required for registration.
- The 1/2 fee is non-refundable for cancellations made after May 14.
- \$50 fee for cancellations made before May 15.
- If paying by credit card, full payment is necessary.
- Incomplete application and/or incomplete payment will put your application on hold.
- If your fees are being paid by a sponsor, please include a letter of explanation.

PAYMENT OPTIONS: Please check one

- ☐ Payment in Full – BY CREDIT CARD (Credit Card payments must be in full – no exceptions)
- ☐ Payment in Full* – BY CHEQUE (include with registration)
- ☐ 2-step payment*: 1) 1/2 payment now BY CHEQUE ONLY, with
2) Balance CHEQUE ONLY postdated JUNE 1, 2021
(or April 15th, 2020 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

BRING A FRIEND AND STAY IN THE SAME CABIN!

Great effort is made to honour requests for cabin mates of the same gender and age. The request must be mutual, and no more than two (2) will be accepted together, and there are NO GUARANTEES for placement. After April 15, cabin mate placements are not a priority, and again, no guarantees are made.

NAME OF CABIN MATE: _____

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.

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

Fees X 13% HST:
Taxes are charged before discounts are applied

SUBTOTAL: _____

**SIBLING
DISCOUNT**

If you are registering a 2nd family member subtract \$20. If you are registering a 3rd or more family member subtract \$40.

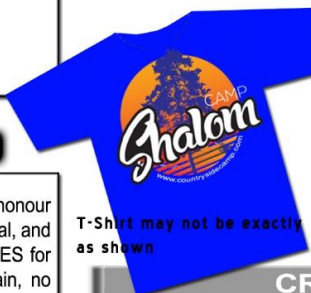
Conditions: All children must be immediate family members.
Please include all registrations in the same envelope.

Circle Youth S M L (Optional) Camp
T-Shirt Size Adult S M L XL T-Shirt \$15:

(Optional) Donate to Countryside Camp:
(Tax Receipts Issued for Amounts Greater Than \$25):

TOTAL COST:

(Add all the numbers in the column from Subtotal down): _____



T-Shirt may not be exactly as shown

CREDIT CARD INFORMATION

☐ VISA

☐ MASTERCARD

Card # _____

Expiry Date: ____ - ____ (MM-YY)

V-Code ____
3 digit number on back of card

Name on Card: _____

Signature: _____

Add All the Numbers in this Column



2021 CAMPER REGISTRATION

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

PLEASE FILL OUT: ☐ First Time Camper ☐ Returning Camper

GENERAL INFORMATION (Please Print Clearly)

Grade in September 2021 _____

Camper's Name (Last) _____ (First) _____ Gender M ☐ F ☐

Address _____ Apt. _____ City _____ Prov. _____ Postal Code _____

Parent/Guardian Name (Father) _____ (Mother) _____

Enter Email Address to Receive Ministry Updates: _____

Home Phone (____) _____ Business (____) _____ ext. _____ Cell Phone (____) _____

Summer Phone (____) _____ Business (____) _____ ext. _____ Cell Phone (____) _____

Church Name _____ Denomination _____ Pastor's Name _____

Church Address _____ City: _____ Prov. _____ Postal Code _____

Emerg. Contact #1 Name _____ Phone (____) _____ Relationship to Camper _____

Emerg. Contact #2 Name _____ Phone (____) _____ Relationship to Camper _____

MEDICAL INFORMATION (Don't Forget to Sign the Bottom)

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) _____ (attach extra page if necessary)

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. 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.
6. 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.
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 with them at all times.
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 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).
12. "Camp Shalom" holds the right to switch T-shirt sizes if necessary based on availability.
13. "Camp Shalom" encourages staff to keep in contact with campers periodically throughout the year. I the parent/guardian permit such contact.
14. "Camp Shalom" has permission to use any image or likeness or recording of my child/camper for promotional material and/or records.
15. 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.
16. All programs require a minimum number of participants before they will run.

SIGNATURE REQUIRED TO PROCESS REGISTRATION

I have read, understood and accepted the conditions of enrolment as stated above.

**PARENT/GUARDIAN
SIGNATURE** _____

DATE _____

