

# 2017 REGISTRATION FORM

# MUSKOKAWOODS

**Guest Name** \_\_\_\_\_ **Birthdate** [YYYY DD MM] \_\_\_\_\_ **Gender**  M  F

**Has attendee previously been a guest at Muskoka Woods?**  Y  N **How many years?** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_ **School** \_\_\_\_\_

**Primary language**  English  French  Spanish  Mandarin  Cantonese  Other \_\_\_\_\_

## PARENT INFORMATION

<b>PARENT/GUARDIAN 1</b> _____	<b>PARENT/GUARDIAN 2</b> _____
<b>Choose one or both</b> <input type="checkbox"/> Admin Contact <input type="checkbox"/> Financial Contact	<b>Choose one or both</b> <input type="checkbox"/> Admin Contact <input type="checkbox"/> Financial Contact <input type="checkbox"/> Neither
<b>Relation</b> <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	<b>Relation</b> <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____
<b>Address</b> _____	<b>Address</b> _____
<b>City</b> _____	<b>City</b> _____
<b>Province</b> _____ <b>Postal Code</b> _____	<b>Province</b> _____ <b>Postal Code</b> _____
<b>Email</b> _____	<b>Email</b> _____
<b>Home No.</b> _____	<b>Home No.</b> _____
<b>Mobile No.</b> _____	<b>Mobile No.</b> _____
<b>Summer No.</b> _____	<b>Summer No.</b> _____

**Guest resides primarily with:**  Both  Parent 1  Parent 2  Other \_\_\_\_\_

## ADDITIONAL INFORMATION

**Guest T-Shirt Size** [Choose 1]  YOUTH Small  YOUTH Medium  YOUTH Large  YOUTH X-Large  
 ADULT Small  ADULT Medium  ADULT Large  ADULT X-Large

**While at camp, I authorize my child to make CHANGES to their ACTIVITY PRICE PACKAGE that result in a dollar value change**

[+ or -] before tax up to...  Unlimited  \$475  \$175  \$75  \$0

**While at camp, I authorize my child to add ADDITIONAL SERVICES (eg. Kraken Pass, Laundry, DVD, etc) up to**

[+ or -] before tax up to...  Unlimited  \$150  \$100  \$50  \$0

## CABINMATE REQUEST

**Muskoka Woods can guarantee only one (1) request, and only under these conditions:**

- You and your cabinmate request are registered in the SAME age group (as of Dec.31, 2017)
- You and your cabinmate have requested one another
- You have made your request at least two (2) weeks prior to guest arrival.

CABINMATE REQUEST FULL NAME

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# 2017 REGISTRATION FORM

## SUMMER 2017 DATES

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9
Jul 1 - Jul 8	Jul 8 - Jul 15	Jul 15 - Jul 22	Jul 22 - Jul 29	Jul 29 - Aug 5	Aug 5 - Aug 12	Aug 12 - Aug 19	Aug 19 - Aug 26	Aug 26 - Sep 1

## RATES

AGE GROUPS	PRICE PACKAGES	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9 AGES 13-17
<b>VENTURE:</b> 9-10  <b>JUNIOR HIGH</b> (JH): 11-13  <b>SENIOR HIGH</b> (SH): 14-17	<b>PLATINUM</b>	\$1,779	\$1,779	\$1,779	\$1,779	\$1,779	\$1,779	\$1,779	\$1,779	\$1,779
	<b>GOLD</b>	\$1,319	\$1,329	\$1,329	\$1,329	\$1,319	\$1,319	\$1,319	\$1,319	\$1,319
	<b>SILVER</b>	\$1,209	\$1,229	\$1,229	\$1,229	\$1,209	\$1,209	\$1,209	\$1,209	\$1,209
	<b>BRONZE</b>	\$1,149	\$1,169	\$1,169	\$1,169	\$1,149	\$1,149	\$1,149	\$1,149	\$1,149
	<b>WILD: 7-8</b>	<b>PRE-SET SCHEDULE</b>	\$999	\$999	\$999	\$999	\$999	\$999	\$999	\$999
<b>VENTURE:</b> 9-10	<b>SPECIALTY WEEKS</b>	\$1,319					\$1,319	\$1,319	\$1,319	
		GIRLS SECRET AGENT CAMP					GIRL POWER CAMP	GIRL POWER CAMP	GIRLS CREATIVE ARTS CAMP	
		BOYS SECRET AGENT CAMP					BOYS SECRET AGENT CAMP	BOYS SECRET AGENT CAMP	BOYS GRIZZLY CAMP	

# 2017 PRICING PACKAGES

# MUSKOKAWOODS

LENGTH	ACTIVITIES	BRONZE	SILVER	GOLD	PLATINUM
ACTIVITY [1 HR]	ARCHERY				
ACTIVITY [1 HR]	ARCHERY TAG				
ACTIVITY [1 HR]	ARTS & CRAFTS				
ACTIVITY [1 HR]	BADMINTON				
ACTIVITY [1 HR]	BALL HOCKEY				
ACTIVITY [1 HR]	BASKETBALL				
ACTIVITY [1 HR]	BEACH VOLLEYBALL				
ACTIVITY [1 HR]	BMX				
ACTIVITY [1 HR]	CANOEING				
ACTIVITY [1 HR]	DANCE				
ACTIVITY [1 HR]	FITNESS (SH)				
ACTIVITY [1 HR]	FLAG FOOTBALL				
ACTIVITY [1 HR]	FREE PERIOD (SH)				
ACTIVITY [1 HR]	GOLF				
ACTIVITY [1 HR]	GIUITAR				
ACTIVITY [1 HR]	GYMNASTICS (WEEKS 1-8)				
ACTIVITY [1 HR]	KAYAKING				
ACTIVITY [1 HR]	LEISURE SPORTS <b>*NEW*</b>				
ACTIVITY [1 HR]	LONGBOARDING				
ACTIVITY [1 HR]	MARKSMANSHIP				
ACTIVITY [1 HR]	MOUNTAIN BIKING				
ACTIVITY [1 HR]	PICKLEBALL				
ACTIVITY [1 HR]	ROPES COURSE				
ACTIVITY [1 HR]	SAILING				
ACTIVITY [1 HR]	SKATEBOARDS & SCOOTERS				
ACTIVITY [1 HR]	SOCCER <b>*NEW*</b>				
ACTIVITY [1 HR]	STAND UP PADDLE-BOARDING				
ACTIVITY [1 HR]	SWIM BEACH				
ACTIVITY [1 HR]	TENNIS				
ACTIVITY [1 HR]	TRAMPOLINE				
ACTIVITY [1 HR]	UKULELE				
ACTIVITY [1 HR]	WINDSURFING (WEEKS 1-8)				
ACTIVITY [1 HR]	DIGITAL PHOTOGRAPHY				
ACTIVITY [1 HR]	KRAKENRACER WATERSLIDE				
ACTIVITY [1 HR]	RADIO BROADCASTING				
ACTIVITY [1 HR]	TUBING (WEEKS 1-8)				
ACTIVITY [1 HR]	VIDEO PRODUCTION				
ACTIVITY [1 HR]	WATERSKIING/WAKEBOARDING				
FANATIC [2 HRS]	BASKETBALL				
FANATIC [2 HRS]	BMX				
FANATIC [2 HRS]	CLUB VOLLEYBALL (SH) (WEEK 7)				
FANATIC [2 HRS]	DANCE (JH + SH) (WEEKS 1-8)				
FANATIC [2 HRS]	FINE ART				
FANATIC [2 HRS]	GYMNASTICS (WEEKS 1-8)				
FANATIC [2 HRS]	MARKSMANSHIP (WEEKS 1-8)				
FANATIC [2 HRS]	ROPES COURSE				
FANATIC [2 HRS]	SAILING (WEEKS 1-8)				
FANATIC [2 HRS]	TENNIS				
FANATIC [2 HRS]	TRAMPOLINE				
FANATIC [2 HRS]	WELLNESS (JH + SH GIRLS)				
FANATIC [2 HRS]	WINDSURFING (WEEKS 1-8)				
SPLIT [3 HRS]	CHEER CAMP - Levels 1-3 (WEEK 6)				
SPLIT [3 HRS]	B3				
ALL DAY [6 HRS]	B3 (JH + SH) (WEEKS 1-8)			N/A	N/A
FANATIC [2 HRS]	CULINARY				
FANATIC [2 HRS]	CAKE DECORATING				
FANATIC [2 HRS]	DIGITAL PHOTOGRAPHY (WEEKS 1-4, 6-9)				
FANATIC [2 HRS]	GRAPHIC DESIGN (JH + SH) (WEEK 5)				
FANATIC [2 HRS]	KIDS ON THE WATER (JH + SH)				
MEA [5 HRS]	Muskoka English Academy: ESL - Accredited (JH + SH) (WEEKS 1-4)				N/A
SPLIT [3 HRS]	FASHION DESIGN				
SPLIT [3 HRS]	HOLLYWOOD NORTH (WEEK 8)				
SPLIT [3 HRS]	MUSICAL THEATRE (JH + SH) (WEEK7) <b>*NEW*</b>				
SPLIT [3 HRS]	Muskoka English Academy: ESL - Conversational (JH + SH) (WEEKS 1-8)				
SPLIT [3 HRS]	PAINTBALL (JH + SH)				
SPLIT [3 HRS]	ATHLETIC PERFORMANCE INSTITUTE (JH + SH)				
SPLIT [3 HRS]	WAKESURFING (WEEKS 7-9)				
SPLIT [3 HRS]	WAKEBOARDING				
SPLIT [3 HRS]	WATERSKIING				
ALL DAY [6 HRS]	GOLF ACADEMY (JH + SH) (WEEK 6)				
ALL DAY [6 HRS]	WAKE X (WEEKS 5-7)				

## PROGRAM SELECTION

WEEK	PACKAGE Please choose one; see page 2 for pricing	SCHEDULE P1-P3 [9am to 12pm] P4-P6 [2pm to 5pm]
	<input type="checkbox"/> WILD <input type="checkbox"/> BRONZE <input type="checkbox"/> SILVER <input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM <input type="checkbox"/> SPECIALTY	P1 _____ P4 _____ P2 _____ P5 _____ P3 _____ P6 _____
	<input type="checkbox"/> WILD <input type="checkbox"/> BRONZE <input type="checkbox"/> SILVER <input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM <input type="checkbox"/> SPECIALTY	P1 _____ P4 _____ P2 _____ P5 _____ P3 _____ P6 _____
	<input type="checkbox"/> WILD <input type="checkbox"/> BRONZE <input type="checkbox"/> SILVER <input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM <input type="checkbox"/> SPECIALTY	P1 _____ P4 _____ P2 _____ P5 _____ P3 _____ P6 _____
	<input type="checkbox"/> WILD <input type="checkbox"/> BRONZE <input type="checkbox"/> SILVER <input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM <input type="checkbox"/> SPECIALTY	P1 _____ P4 _____ P2 _____ P5 _____ P3 _____ P6 _____

## REMINDERS

- **VENTURE** guests have prescheduled activities; boys in P1 + P2, girls in P4 + P5
- **WILD AND SPECIALTY WEEK** guests have all-day pre-selected programming

## MY ALTERNATE PICKS

If the activities in the schedule are full, here are my next choices:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_

# 2017 REGISTRATION FORM

## ADDITIONAL SERVICES

Please select any of the below listed services provided by Muskoka Woods. All prices subject to HST

<input type="checkbox"/>	\$20.00	DVD – a video recap of your week, available to WILD and Venture guests only	Week[s] _____
<input type="checkbox"/>	\$35.00	Kraken Pass – guests with this pass may use the waterslide during scheduled times over lunch and dinner hours (N/A for WILD guests)	Week[s] _____
<input type="checkbox"/>	\$35.00	Laundry – available only to guests staying consecutive weeks	Week[s] _____
<input type="checkbox"/>	\$40.00	Basic Survival Kit – water bottle, sunglasses, sunscreen, bug spray, toothbrush, toothpaste	Week[s] _____
<input type="checkbox"/>	\$180.00	Deluxe Survival Kit – sleeping bag, pillow, bed sheet, beach towel, bag, PLUS Basic Survival Kit items	Week[s] _____
<input type="checkbox"/>	\$65.00	Paintball Add-On – Periods 4 to 6 <input type="checkbox"/> Mon PM <input type="checkbox"/> Tues PM <input type="checkbox"/> Wed PM <input type="checkbox"/> Thurs PM	Week[s] _____
<input type="checkbox"/>	\$99.00 each way	Transportation: COACH – service between MW and The Sports Village in Vaughan on Saturdays	Week[s] <u>    </u> <small>[Arrive]</small> Week[s] <u>    </u> <small>[Depart]</small>
<input type="checkbox"/>	\$195.00 each way	Transportation: AIRPORT – service between MW and Pearson International (YYZ) on Saturdays	Week[s] <u>    </u> <small>[Arrive]</small> Week[s] <u>    </u> <small>[Depart]</small>
<input type="checkbox"/>	\$299.00	Stayover Trip: Canada's Wonderland	July 8th
<input type="checkbox"/>	\$399.00	Stayover Trip: Niagara Falls	July 15th
<input type="checkbox"/>	\$299.00	Stayover Trip: Canada's Wonderland	July 22nd

## STORE ACCOUNT

The store account allows your child to purchase items from our Camp Store while at camp. Muskoka Woods recommends \$50 per week. If you would like to add funds, write the amount below in the appropriate week. Note: funds are added on a PER WEEK BASIS. Any unused funds will be transferred to following weeks.

WEEK	1	2	3	4	5	6	7	8	9	TOTAL
STORE MONEY										

## PAYMENT

All applications must be accompanied by a non-refundable deposit of \$200 per week and the balance of remaining fees postdated to April 20th, 2017. All payments must be made in Canadian (CAD) funds. Please write the appropriate amount & circle the method of each payment enclosed.

**Program Package Price** \$ \_\_\_\_\_

**Additional Services** \$ \_\_\_\_\_

**H.S.T. (13%)** \$ \_\_\_\_\_

**Store Money (not taxed)** \$ \_\_\_\_\_

**TOTAL PAYMENT =** \$ \_\_\_\_\_

- **\$200 DEPOSIT per week** \$ \_\_\_\_\_  VISA  MasterCard  Cheque  Cash

= **BALANCE** [post-dated to Apr.20<sup>th</sup>] \$ \_\_\_\_\_  VISA  MasterCard  Cheque  Cash

## CREDIT CARD INFORMATION

Name on Card \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_

# MUSKOKAWOODS 2017 MEDICAL FORM

EACH GUEST MUST HAVE A HEALTH FORM FILLED OUT AND SIGNED EACH YEAR BY A PARENT OR GUARDIAN. INFORMATION FROM PREVIOUS YEARS IS NOT CARRIED FORWARD. YOUR PHYSICIAN IS NOT REQUIRED TO COMPLETE YOUR CHILD'S HEALTH FORM.

Guest Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ Gender:  M  F  
Contact Name: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Birthdate: [YYYY DD MM] \_\_\_\_\_

## FOR OUT OF PROVINCE/INTERNATIONAL:

See 'HEALTH COVERAGE' policy below and provide photocopy of insurance documents

**Emergency Contact Information** - While the guest is at Muskoka Woods, should we not be able to reach Parent/Guardian 1 or 2:

Emergency Contact 1 Name \_\_\_\_\_ Emergency Contact 2 Name \_\_\_\_\_

Emergency Contact 1 Phone \_\_\_\_\_ Emergency Contact 2 Phone \_\_\_\_\_

**Other than above listed emergency contacts, Parent 1 and 2, are there any other(s) authorized to take the guest off property?**

(If none, please write NONE) \_\_\_\_\_

## IMPORTANT INFORMATION - PLEASE READ AND SIGN \*[SIGNATURE REQUIRED FOR PARTICIPATION IN ANY MUSKOKA WOODS ACTIVITY] CONSENT TO TREATMENT, WAIVER, RELEASE AND CONDITIONS OF ENROLLMENT

**Health Coverage:** Each guest, including non-residents, must provide evidence of coverage under Ontario Health Insurance or equivalent. Non-residents will be billed for the costs of hospital out-patient visits [emergency room, X-rays, etc.]. If for any reason my child receives special medication or services beyond that furnished by Muskoka Woods Health Care Centre, I agree to pay for or seek reimbursement from my own insurance company for all such expenses. **Medical Treatment:** I hereby give permission to the physician and nurses selected by the Muskoka Woods Director to assess and give medical treatment, including prescriptions, when necessary to my son/daughter. In the event that a guest requires special medication, transportation, X-ray or treatment beyond that which is possible at the resort, the parents will be charged with the additional expense. In case of surgical emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above and will be responsible for any additional expense that may result from such services. **Liability:** While every precaution is taken for the safety and good health of our guests, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Muskoka Woods. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. Also, while I understand that Muskoka Woods does its best to protect against exposure to nut products where there are allergies of which I have given written notice, I recognize that Muskoka Woods does not accept responsibility or liability and I hereby release Muskoka Woods for any illness or injury which may occur as a result of exposure by my child to any such food or other item to which my child has an allergy. By signing below, you are releasing the employees, Directors, Officers, and staff volunteers of Muskoka Woods, Gwitmoc Foundation, Muskoka Woods Foundation, and the employees of facilities outside the resort grounds (the "Releasees") from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of Muskoka Woods including any programs or otherwise, including programs on Muskoka Woods property and programs/trips off property, notwithstanding that any such loss, injury or damage may have arisen by reason of negligence of the "Releasees". This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release. **Jurisdiction:** I understand that any and all actions arising out of this agreement or the use of Muskoka Woods will be governed by the laws of Ontario, Canada and I consent to the exclusive jurisdiction of the courts in Ontario, Canada. **Dismissal and Behaviour:** The Director reserves the right to dismiss a guest without a refund who, in his opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the resort. I certify that I have no knowledge of any physical or mental impairment that would be affected by the named guest's participation in the Muskoka Woods program. I also give permission to the Directors of Muskoka Woods to search my child's belongings for items prohibited by camp, if suspected. I agree to reimburse Muskoka Woods for any intentional damage or defacement of camp property caused by my child. The Director also reserves the right, at any time up to the date camps starts to not allow attendance of the child if it is deemed in the camp's sole discretion in the best interests of the other campers. Refusing to allow a camper to come to camp could be as a result of health concerns such as an infectious disease or other medical/psychological reasons. **Cancellation Policy:** Deposits made prior to April 20 are non-refundable. For cancellations after April 20, up until 30 days prior to expected arrival, 50% of total fees are non-refundable. Within 30 days of scheduled arrival, the full registration fee is non-refundable unless a medical certificate accompanies the request. There is no adjustment in fee when a guest arrives late or leaves early. Substitution of another guest will not be permitted under any circumstances. This policy includes cancellations as a result of commitments and opportunities [i.e. sports tournaments, tryouts, travelling, summer school, etc.] **Custody:** The parents/guardians submitting this form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Muskoka Woods, including a photocopy of the section of any court order referring to visitation rights. **Lost Items:** Muskoka Woods is not responsible for personal items that are lost or stolen. **Promotional Photos:** I grant permission to Muskoka Woods and to any third party authorized by Muskoka Woods to use photos, videos, or any other recording or reproduction of the guest in any medium for use in promotional materials and/ or as otherwise seen fit by Muskoka Woods.

I have read this consent to Treatment, Waiver, Release and Conditions of Enrollment thoroughly and I accept the conditions of enrollment and cancellation policies of Muskoka Woods.

NAME OF PARENT/GUARDIAN [PLEASE PRINT]

\*PARENT/GUARDIAN SIGNATURE

DATE  
[YYYY DD MM]

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# MUSKOKAWOODS 2017 MEDICAL FORM

**GUEST'S NAME** \_\_\_\_\_

## ALLERGIES

Please list any **FOOD, MEDICATION** or **OTHER** allergies that apply to the guest:

Are any of the above **ANAPHYLACTIC**?  Yes  No

\*If yes, we strongly recommend sending the guest to camp with 2 EpiPens & a carrying case

## HEALTH HISTORY

**PLEASE CHECK ALL THAT APPLY TO THE GUEST:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> A.D.D./A.D.H.D. | <input type="checkbox"/> Eating Disorder            | <input type="checkbox"/> History of Concussion           | <input type="checkbox"/> Special Needs                     |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Epilepsy/Seizures          | <input type="checkbox"/> Homesick Tendency               | <input type="checkbox"/> Other Concerns/Disorders          |
| <input type="checkbox"/> Anxiety         | <input type="checkbox"/> Fainting                   | <input type="checkbox"/> Medical Supervision Req'd       | <input type="checkbox"/> Restricted from doing activities? |
| <input type="checkbox"/> Bedwetting      | <input type="checkbox"/> Frequent Headaches         | <input type="checkbox"/> Serious Injury/Recent Operation |  |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Heart or Cardiac Condition | <input type="checkbox"/> Sleepwalking                    |  |

Details of any of the above:

## MEDICATION

Please list **ANY** medication the guest is taking/will be taking during the week/event (eg. epipens, inhalers, antibiotics, prescription medication, etc.)

**PLEASE NOTE:** Medication **MUST** have the guest's name on it & be in the original labeled container or in pre-dispensed blister packs from a pharmacy

ex. Benadryl, two 50mg tablets, as needed

## ADDITIONAL INFO

**ONTARIO HEALTH CARD #:** \_\_\_\_\_ **VERSION CODE:** \_\_\_\_\_ **EXP DATE:** \_\_\_\_\_

Please check all **IMMUNIZATIONS** that are up to date:

- DPT DIPHTHERIA/TETANUS    POLIO    MMR MEASLES MUMPS RUBELLA    HBV HEPATITIS B    MENINGITIS A & B    NONE

**SPECIAL DIET** - Special dietary requests are NOT intended for food preferences but specifically for health requirements. Please check if the guest requires one of the following special diets:

- Gluten Free    Lactose Free    Vegetarian    Vegan

**PRESCRIBED MEDICATION** - Parents/Guardians will be contacted if the guest experiences any major injury or illness. However, our medical staff are unable to call about every child that makes a visit to the Health Care Centre. If you wish to be informed of any **PRESCRIBED MEDICATION** deemed necessary for the guest, please indicate here:

- Yes    No

**NOTES FOR COUNSELLOR** - Please list any information (including info from above) that you would like the guest's counsellor to be made aware of. ONLY THE INFORMATION LISTED HERE WILL BE GIVEN TO THE GUEST'S COUNSELLOR

**NOTE:** It is the responsibility of the PARENT/GUARDIAN to notify Muskoka Woods, IN WRITING, if any new medical conditions arise prior to your child(ren) attending camp (i.e. exposure to a communicable disease since completing this medical form).