

2018 CITYCAMP REGISTRATION FORM

OFFICE USE ONLY

Guest Name _____ Birthdate _____ Gender _____

[MM DD YYYY]

Has the guest previously been a guest at Muskoka Woods? Y N If yes, how many years? _____

How did you hear about us? _____ School _____

Primary language English French Spanish Mandarin Cantonese Other _____

If primary language is not English, how well does the guest speak English?

No English Limited English Basic Conversation Fluent English Other _____

PARENT INFORMATION

PARENT/GUARDIAN 1 _____ PARENT/GUARDIAN 2 _____

Relation Mom Dad Grandparent Other _____ Relation Mom Dad Grandparent Other _____

Address _____ Address _____

City _____ City _____

Province _____ Postal Code _____ Province _____ Postal Code _____

Email _____ Email _____

Home No. _____ Mobile No. _____ Home No. _____ Mobile No. _____

Guest resides primarily with: Both Parent 1 Parent 2 Other _____

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

(If none, please write NONE) _____

SUMMER 2018

DATES	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
	Jul 3 - Jul 6	Jul 9 - Jul 13	Jul 16 - Jul 20	Jul 23 - Jul 27	Jul 30 - Aug 3	Aug 7 - Aug 10	Aug 13 - Aug 17	Aug 20 - Aug 24
CITYCAMP	OAKVILLE	BURLINGTON	OAKVILLE	OAKVILLE	MARKHAM	STOUFFVILLE	STOUFFVILLE	TORONTO
	King's Collegiate	Compass Point	John Knox Christian School	John Knox Christian School	The Bridge Church	Springvale Church	Springvale Church	TKPC Mosaic Church
	\$279	\$315	\$349	\$349	\$315	\$259	\$315	\$349
	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select
**OPTIONAL LUNCH PROGRAM	Lunch Lady	Lunch Lady	Lunch Lady	Lunch Lady	Kid's Kitchen	Kid's Kitchen	Kid's Kitchen	Kid's Kitchen

** Optional Lunch program available at all locations through Lunch Lady or Kid's Kitchen for \$40.00 - \$50.00. Please visit www.thelunchlady.ca or www.kidskitchen.ca for more information. You will be emailed a link to their menu selection after your registration is processed.

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, 2018)
- 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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ADDITIONAL INFORMATION

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** _____

Relationship to Guest _____ **Relationship to Guest** _____

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

ADDITIONAL SERVICES

Please select any of the below listed services provided by Muskoka Woods CITYCAMP and or listed host site.

<input type="checkbox"/>	\$40.00	Before Camp Care - Available Monday - Friday from 7:30am to 8:30am	Week[s] _____
<input type="checkbox"/>	\$50.00	After Care - Available Monday - Friday from 4pm to 6pm	Week[s] _____
<input type="checkbox"/>	\$40.00	CITYCAMP Fun Pack *includes tax	Week[s] _____

* (Fun Pack includes drawstring backpack with personalized label, water bottle, and baseball cap)

STORE ACCOUNT

The store account allows the guest to purchase items from our Camp Store while at camp. Muskoka Woods recommends \$20.00 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.

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

PAYMENT

All applications must be accompanied by a deposit of \$50 per week with the balance of remaining fees postdated to May 1st, 2018. All payments must be made in Canadian (CAD) funds. Please write the appropriate amount & circle the method of each payment enclosed.

Day Camp Program Fee (not taxed) \$ _____

Additional Services (taxes incl.) \$ _____

Store Money (not taxed) \$ _____

TOTAL PAYMENT = \$ _____

- **\$50 DEPOSIT per week** \$ _____ VISA MasterCard Cheque Cash

= **BALANCE** [post-dated to May 1st] \$ _____ VISA MasterCard Cheque Cash

CREDIT CARD INFORMATION

Name on Card _____ **Cardholder's Signature** _____

Card Number _____ **Expiry Date** _____ **CVV** _____

2018 CITYCAMP MEDICAL FORM

MUSKOKAWOODS

EACH GUEST MUST HAVE A MEDICAL 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 THE GUEST'S MEDICAL FORM.

Guest Name [First] _____ [Last] _____ Gender: _____ Birthdate: _____
[MM DD YYYY]

Contact Name: [First] _____ [Last] _____ Relationship: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Contact Phone: _____

FOR OUT OF PROVINCE/INTERNATIONAL:

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

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 staff, I agree to pay for or seek reimbursement from my own insurance company for all such expenses. **Medical Treatment:** While it is the practice of Muskoka Woods to contact parents immediately in the event of an emergency, I hereby give permission to the staff selected by the Muskoka Woods Director to assess and give medical treatment 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 site, 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 Youth 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 programs or otherwise, 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 their opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the program. 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 camp 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 guests. Refusing to allow a guest 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 May 1st are non-refundable. For cancellations after May 1st, 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.] The optional lunch program is 100% non-refundable if cancelled within 7 days of the event starting. **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

[MM DD YYYY]
DATE

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2018 CITYCAMP MEDICAL FORM

MUSKOKAWOODS

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 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"/> Epilepsy/Seizures | <input type="checkbox"/> Heart or Cardiac Condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of Concussion | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Headaches - Frequent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Serious Injury/Recent Operation | | | |

PLEASE give details of above and/or other medical conditions:

ADDITIONAL INFO

ONTARIO HEALTH CARD #: _____ VERSION CODE: _____ EXP DATE: _____
[1-2 Letters] [MM DD YYYY]

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

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> DPT DIPHTHERIA/TETANUS
<small>- if over age 13 booster has been given</small> | <input type="checkbox"/> POLIO | <input type="checkbox"/> MMR-MEASLES MUMPS RUBELLA | <input type="checkbox"/> HBV HEPATITIS B
<small>- given in grade 7</small> | <input type="checkbox"/> MMRV
<small>- given at 4-6 years</small> |
| <input type="checkbox"/> MENINGITIS B
<small>- currently not covered in Ontario</small> | <input type="checkbox"/> MENINGITIS C (MENJUGATE)
<small>- given at 12 months</small> | <input type="checkbox"/> MENINGOCOCCAL CONJUGATE (MENACTRA/MENVEO)
<small>- given in grade 7</small> | <input type="checkbox"/> NONE | |

SPECIAL DIETS - Please note: this is intended specifically for dietary needs for health requirements. Please inform us if the guest has a special dietary need. The guest requires a special diet: _____
(e.g. Celiac, Lactose Free, Vegan, Vegetarian)

PLEASE LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE GUEST'S COUNSELLOR TO BE AWARE OF

(i.e. difficult home situation, limitation in sports, extreme shyness, etc.)

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).